Let’s talk (discreetly) about sex.

The content generation and design of an online sexual and reproductive health information resource for young Vietnamese: a communications perspective.

A thesis submitted in fulfilment of the requirements for the degree of Master of Arts (Research)

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August 2006
Declaration

I certify that, except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; and, any editorial work, paid or unpaid, carried out by a third party is acknowledged.

Alice F. Clements

Thursday 31 August 2006
... for my beautiful grandmother
Acknowledgements

As with any postgraduate process of discovery, self-doubt and eventual triumph over adversity (and elastic but increasingly stressful deadlines), I am indebted to the many many people who supported and inspired me along the way. Listing them all would take a thesis-sized appendix but the following were key:

- Cuong Quoc Thai, Hieu Duc Nguyen and the other students at RMIT Vietnam who worked with me on this project – it was a privilege to learn alongside you
- Nguyễn Thanh Hà and Công Minh Trang – just two of the wonderful new friends who have appeared in the course of my research
- The staff at RMIT Vietnam – who welcomed and hosted me for a semester
- The Institute for Social Development Studies and other Vietnam-based NGOs that supported this project
- Julia Ahrens, Diana Bossio, Terry Johal and Trent Milner – fellow travellers on the long and winding postgrad road
- Patrick Griffiths – without whom this would have been an infinitely more difficult and limited process – I owe you a huge debt of gratitude for your advice, guidance, networking, problem-solving skills and endless generosity with your time and knowledge – cheers mate
- Barbara Holzer – the best Swastrian ex-flatmate a Kiwi could hope for
- Martin Strong – my sincere thanks for your support in this
- My colleagues in the RMIT University Public Relations department – who kept me off the breadline by finding endless ways to occupy my non-thesis moments
- Each and every one of my fabulous friends who never once asked me why the hell I was undertaking this mad masochistic mission but just smiled and said ‘you can do it’ (while hassling me about never finishing) – it meant so much
- Paula Clements – I don’t tell you enough how much I boast about you. You inspire me by showing how to make a difference one person at a time and have been a constant source of unconditional love and support
- Henry and Henrietta Clifford – although a long time coming I hope this brought and brings you ‘naches from the (grand)kinder’
- Jono, GBFSB, Daniella, Yasmin, and the rest of my beautifully post-modern whanau who are always there and a part of me, no matter what corner of the world we’re in
- Margaret Cannington – who arrived on the scene just in time to push me over the line – and kept me sane, fed and happy while doing so. I hope you know what you are to me
- Associate Professor Dr. Linda Brennan – my supervisor, mentor, academic role model, cheerleader, gossip companion and chief bucker-upper when I was feeling flumphy or in need of a good kickstart (or just a good kicking). I can’t thank you enough. I look forward to future collaboration (and lunches!).
Vietnam is a populous nation experiencing rapid social and economic transition. These changes, in combination with the spread of sexually transmitted infections such as HIV/AIDS, are compromising the reproductive health of young Vietnamese.

Access to reliable reproductive health information is limited and social taboos prevent young people from talking openly about this topic. A huge number of young people living in Vietnam thus find themselves without access to relevant, accurate, non-threatening and unbiased information about sexuality and sexual health.

The research outlined in this thesis approaches the issue of sexual health information provision for young people living in Vietnam from a participatory action research foundation. A key focus is investigation of the ways in which young people living in Vietnam can be included in the development of online sexual health communication tools by, for and about young Vietnamese.

As part of this investigation, this thesis describes research conducted with young Vietnamese in Australia and Vietnam to identify and elucidate their reproductive health information needs, as situated within the contemporary Vietnamese socio-cultural context. The research was undertaken in order to determine how an online resource might meet these needs. This exploratory process involved the utilisation of a range of research methods to determine the website’s optimal content, style, features and tone in relation to the Vietnamese context and requirements of its target users.

It is hoped that the record of discovery resulting from this research journey will contribute to the existing body of knowledge on online health communication and participatory approaches to the development of context-sensitive health and behaviour-change communication.
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1. Introduction

Vietnam is a growing nation with an exciting future. In terms of its population, Vietnam is also a young nation. There are now more than 84 million people living in Vietnam, more than 50% of whom are under 25 years of age (H. T. Khuat, 2003; Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2006).

Young people in Vietnam face a difficult task; balancing the new expectations of global modernity and ‘modern’ sexual behaviour with the traditional values of their elders and society at large (O. T. H. Khuat, 2004). Youth sexual activity is on the rise but prevailing social mores and taboos prevent open discussion of the risks associated with unprotected sexual intercourse. While an exciting time to be a young person in Vietnam, it is also one fraught with potential for tension and embarrassment, as well as the threat of HIV/AIDS, other STIs and unwanted pregnancy.

Knowledge is now widely accepted as a fundamental pre-requisite for health protective behaviours (Nutbeam & Harris, 2004). The challenge, in the Vietnamese environment, is to ensure that young people have access to relevant, reliable, unthreatening and unbiased sexual and reproductive health information, so that they are better able to maintain good overall sexual and reproductive health.

In recent years, online communication has emerged as a possible solution to the challenge of providing accessible and reliable sexual and reproductive health information, offering an anonymous, available, affordable and socially acceptable (Barak & Fisher, 2001) communication channel through which young Vietnamese can learn about reproductive health. While other, more traditional, communication channels retain much value (particularly when used as part of an integrated health communication campaign that addresses all levels of the risk environment), online communication, as a new way to communicate with and engage young people who live in an increasingly ‘connected’ world, merits close examination (Barak & Fisher, 2003; Al Cooper, McLoughlin, & Campbell, 2000; Shrimpton & McKenzie, 2005).

The project described in this thesis encompasses the exploratory research leading to the development of an online reproductive health education website by, for and about young people living in Vietnam. The emphasis was on encouraging the involvement of young Vietnamese in the development process, from a participatory action research standpoint, in order to better understand their preferences for every aspect of the website and the context in which it would be used.
With the foregoing in mind, this thesis aims to explore and document the reproductive health information needs of young Vietnamese, in order to determine how an online resource might best meet these needs while simultaneously accommodating the sensitivities surrounding the topic.

The overarching question guiding this research is:

What key socio-cultural considerations should influence the content generation and design of a sexual and reproductive health information website for young people living in Vietnam?

While extensive research has been conducted in the fields of communication, youth sexual health, health promotion and health communication in developed (predominantly western) settings, a key motivation for this research was the limited amount of existing academic enquiry that focuses on the involvement of young Vietnamese in developing health communication initiatives. There is even less that specifically addresses the issue of sexual health education and online communication in Vietnam. There are also relatively few examples of Vietnamese communication initiatives for young people that involve their target audience in their development (Bondurant, Henderson, & Nguyen, 2003; H. T. Khuat, 2003). The project documented in this thesis is a small-scale attempt to address these gaps in the literature – contributing to this emerging area by recording the process of conscious engagement with the young potential target users of this website as the first step in the development process – not the last, as is so often the case.

This thesis begins by situating the issue of online reproductive health communication in Vietnam within the relevant context. This includes a review of the state of reproductive health for young people in Vietnam, and an exploration of the existing barriers to reproductive health. The increasing role of the internet in health communication is discussed – as are the problems that can be encountered when communicating online in a communist country with strong state censorship.

The methodological process involved in researching the design of a website by, for and about young Vietnamese is outlined next, describing a collaborative project undertaken with members of the Royal Melbourne Institute of Technology's (RMIT Melbourne) overseas
Vietnamese student population and students at RMIT International University Vietnam in Hanoi and Ho Chi Minh City, Vietnam (RMIT Vietnam).

The results of this research are then presented and discussed, as are their implications for the development of online youth sexual and reproductive health-focused communication initiatives. The limitations inherent in the research process are also acknowledged, in the hopes that they can be addressed or mitigated in future research on this topic. This thesis concludes by discussing the many possible future directions for research in this field – in such a new field the options are numerous.

The findings of this research have already informed the development of a youth-designed website developed by students at RMIT Vietnam¹. They also have direct relevance to the developers of any future online communication initiatives that focus on youth sexual and reproductive health, or other, equally sensitive issues.

It is hoped that the learnings from this exploratory study will contribute to the rapidly growing body of knowledge on online health communication praxis; in turn helping others to learn to protect and care for the reproductive health of themselves, their families and their communities.

¹ The research reported in this thesis was the initial phase of a semester-long project based in Ho Chi Minh City, Vietnam. In this project, the author worked with four students from RMIT Vietnam’s Bachelor of IT & Multimedia to research, design, test, launch and evaluate an online sexual and reproductive health education website by, for and about young people living in Vietnam. This site was developed with no funding but received extensive support from the staff and students of RMIT Vietnam. It can be viewed at www.kienthucgioitinh.com.
2. The problem in its context

Online communication about Vietnamese youth sexual and reproductive health (YSRH) is a complex and multifaceted field that is best understood with a broader appreciation of the environment in which it exists. Consequently, the following chapter attempts to situate YSRH and online health communication within the contemporary Vietnamese and international contexts relevant to the problem under investigation.

Vietnam’s current demographic, political and economic environments are explored, as is the status of YSRH in Vietnam today. The focus within this is the barriers that young Vietnamese face in protecting their sexual and reproductive health, in terms of the socio-cultural ‘risk environment’ that impacts on YSRH in Vietnam. International trends that impact on YSRH in Vietnam are also discussed; particularly the rapid spread of HIV/AIDS worldwide and the reproductive health-related policies of the United States of America (as a significant aid donor to Vietnam). The depth of information presented on these issues is provided as a necessary precursor to full understanding of the socio-cultural considerations that would influence and inform the content generation and design of a sexual and reproductive health information website for young people living in Vietnam.

The emergence of the internet as a viable channel for health communication is discussed next, with attention paid to its potential to facilitate effective communication about sensitive issues such as YSRH. The development and regulation of the internet in Vietnam are also documented, as tight restrictions on internet access have implications for access to online communication about YSRH (OpenNet Initiative, 2006).

* Please refer to Appendix 1 for a glossary of terms used in this thesis and Appendix 2 for notes on terminology.
2.1 Vietnam in brief

The Socialist Republic of Vietnam is one of 11 countries that comprise Southeast Asia. A long, mountainous country with a land area of 331,000 square kilometres (only 20 per cent of which is level ground), Vietnam is bordered by Laos, China and Cambodia (United Nations Development Programme, 2005). Figure 1 (below) shows Vietnam’s location within Southeast Asia.

![Map of Vietnam](www.uniya.org)

Figure 1. Map of Vietnam  
Source: www.uniya.org

2.1.1 Recent population growth

Vietnam has more than 84 million inhabitants (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2006), making it the thirteenth most populous country in the world (H. T. Khuat, 2003). It is a relatively densely-populated nation, with 254 people per square kilometre (Population Division of the Department of...
Economic and Social Affairs of the United Nations Secretariat, 2006). Despite growing urbanisation in recent years, 73.68 per cent of Vietnamese still live in rural areas (General Statistics Office of Vietnam, 2004).

The Vietnamese populace is predominantly (and increasingly) young, with more than 50 per cent under 25 years of age. Further analysis reveals that 21 per cent of Vietnam’s population are adolescents between the ages of 15 and 24 (H. T. Khuat, 2003). This demographic trend was precipitated by a high total fertility rate (or ‘TFR’ – the average number of children a woman would bear in her lifetime) some decades earlier. In 1979 the Vietnamese TFR was 4.8, a rate that would have seen the population double within three decades if sustained. By contrast, the last census (1999) recorded a more sustainable TFR of 2.3 children, reflecting the impact of a vigorous government-led population management drive (Haub & Huong, 2003).

Despite the apparent success of these population management measures, Vietnam’s youth population is still growing, as are the attendant difficulties of any disproportionate population grouping. For example, the impact of the preceding generation’s high fertility is increasingly felt as young people move to urban areas in growing numbers, in pursuit of employment in a fiercely competitive job market (unemployment among youth is the highest among all age groups in Vietnam) (H. T. Khuat, 2003).

Overall, Vietnam’s population also continues to grow, albeit more slowly than in the past, at a rate of 1.3 per cent per year. In comparison with more developed economies in the Asia-Pacific region, this rate is still relatively high; in 2005 Australia experienced a 1.1 per cent population increase, while New Zealand sustained 0.9 per cent and Japan’s population increased by just 0.1 per cent (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2006).

The foregoing population characteristics have considerable impact on YSRH in Vietnam; increasing urbanisation and unemployment often result in greater sexual risk taking, and rapid population growth places further strain on an already under-resourced health infrastructure (PATH, 2006). These factors, in combination with the growing prevalence of diseases such as HIV/AIDS, suggest that YSRH in Vietnam has the potential to become a crisis issue if leadership at all levels is not mobilised to respond. The political system in Vietnam is briefly explained next, showing the channels through which this leadership must work if a response to YSRH problems is to be effective on a national scale.
2.1.2 System of government

The Socialist Republic of Vietnam, as it is officially known, is a socialist country that currently operates within a single-party communist republic framework, dominated by the Communist Party of Vietnam (Embassy of the Socialist Republic of Vietnam in the United States of America, 2006). There are no legal opposition parties in Vietnam, although opposition groups do exist within the Viet Kieu (overseas Vietnamese) diaspora, a well-established exile community largely made up of southern Vietnamese (Government of Free Vietnam, 2006; The People's Action Party of Vietnam, 2006).

At the national level, power is exercised through two branches of government, executive and legislative. The executive branch was established in the most recent state constitution, approved in 1992. It includes the offices of President and Prime Minister. The Prime Minister oversees a cabinet made up of four Deputy Prime Ministers and the heads of 31 Ministries and Commissions.

The Vietnamese National Assembly, comprising 498 elected members, forms the basis of the legislative branch of government and is elected for a five-year term. The President is elected from this body for the same duration and appoints the Prime Minister who, in turn, appoints the Deputy Prime Ministers and nominates cabinet members. The National Assembly is the only body with constitutional and legislative powers. Party and government direction is determined at a National Congress, held once every five years (The National Assembly of the Socialist Republic of Vietnam, 2006). The tenth National Party Congress was held in April 2006 and included the adoption of the ‘Report and Five-Year Plan of Action on Socio-Economic Development Goals for 2006-2010’, as well as reaffirming the government’s commitment to economic development and integration on the twentieth anniversary of the Doi Moi economic integration policy (see section 2.1.3 below) (Vietnam News, 2006).

At the regional level, governance is via a simplified variant of the national system of government. Vietnam is divided into 59 provinces and five municipalities, all of which have an elected People’s Council and People’s Committee (United Nations Development Programme, 2006). The People’s Committee performs the executive functions (formulating and executing policy) of the provincial government. Provincial government policy is closely directed by the central government (Embassy of the Socialist Republic of Vietnam in the United States of America, 2006).
2.1.3 Economic development

From an economic perspective, Vietnam’s recent history offers a fascinating case study of rapid development and global integration after prolonged conflict.

The starting point for most modern narratives relating to Vietnam’s economic development is the introduction, in December 1986, of the *Doi moi* policy. *Doi moi* (lit. ‘renovation’), was a government policy reform that instigated a controlled transition towards a market economy (Van Arkadie & Mallon, 2003). This policy shift signalled the beginning of increased openness and engagement with the international community, and its inception has been identified as the catalyst for many far-reaching economic and social changes in the subsequent 20 years (H. T. Khuat, 2003; The POLICY Project, 2003).

These changes have included increased foreign investment and tourism, expansion of private enterprise and extensive infrastructural development (WHO, 1995). In turn, these have resulted in growth in the entertainment and service industries for much of the population (especially those in urban centres), as well as related attitudinal and lifestyle changes. The foregoing all have implications for reproductive health, whether in terms of shifting cultural norms or, more tangibly, with recent developments such as increased urbanisation and population mobility (The POLICY Project, 2003).

The robust health of the Vietnamese economy in recent years is testament to the overall success of the Doi Moi policy. Although people living in Vietnam are still, on average, among the poorest in the world\(^2\), the Vietnamese economy is rapidly strengthening. In 2005, Vietnam boasted a growth rate of 8.4 per cent, making it the fastest growing economy in South East Asia (UNESCAP, 2006). Between the start and middle of 2006 the Vietnamese currency (the ‘dong’) was trading at a relatively stable level of approximately 15,000 - 16,000 dong to the U.S. dollar and 11,000 - 12,000 dong to the Australian dollar (OANDA Corporation, 2006).

A basic indicator of increasing disposable income can be seen in the rapidly increasing number of mobile phones, which reached 10 million nationwide in March 2006; up 20 per cent from the previous year and a ten-fold increase in the last four years (Deutsche Presse-Agentur, 2006). Sales of other luxury goods such as high-end motorbikes, portable music players and LCD televisions are also booming (Johnson, 2005).

\(^2\) The Vietnamese average annual GDP per capita in 2003 was U.S.$553.27 (United Nations Development Programme, 2005)
The international community has been forthcoming in recognising Vietnam’s economic success; in March 2006 Vietnam entered the final stage of negotiations for World Trade Organisation accession (Vietnamese News Agency, 2006). This move was further strengthened at the June 2006 APEC meeting when the United States of America and Vietnam reached agreement on trade tariff reduction (Tran, 2006).

Vietnam’s rapid economic growth has also resulted in an ever-increasing gap between rich and poor. The disparity is evident in the emergence of enterprises such as private health care, a service that is out of reach for all but the financial elite in Vietnam. In its recent survey, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) notes that this trend is not unique to Vietnam:

> Of growing concern in the region is the number of countries experiencing increasing inequality in tandem with high growth... This is an unfortunate departure from the region’s reputation until the 1990s of having managed to retain a significant degree of equity along with the growth in incomes (UNESCAP, 2006, p.21).

In the same report, UNESCAP also stressed the direct correlation between inequality and reproductive health, stating that:

> Gender and income inequalities have also played an important role in the spread of HIV/AIDS. Unequal access to sexual and reproductive health services, unequal rights in the home and community, and early marriage make women especially vulnerable to infection and less likely to receive adequate treatment. While the relationship between income inequality and HIV/AIDS is complex, the two are correlated in developing countries (UNESCAP, 2006, p.22).

Thus, while a small but growing number of affluent city dwellers are competing to own the most expensive mobile phone or most prestigious motorbike, the gap between the ‘haves’ and the ‘have nots’ is inexorably growing (National Center for Social Sciences and Humanities & United Nations Development Programme, 2001; Reuters, 2003). Youth sexual and reproductive health is one area where this gap may have particular repercussions for the future of Vietnam.
2.2 Youth sexual and reproductive health (YSRH) in context

Youth sexual and reproductive health (YSRH) is a topical issue that has become increasingly prominent since the identification of HIV/AIDS in the early 1980s. As nascent sexual beings, whose sexual behaviours and self-protective measures are not yet firmly established, young people are most affected by the growing HIV/AIDS pandemic (UNFPA, 2005a). For the same reasons, however, they are also the key to its eradication. In their preface to the UNFPA youth report on progress towards the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, the young authors echo this sentiment, saying:

"We, young people, remain at the centre of the epidemic in terms of transmission, vulnerability, impact, and potential for change. Our generation has not known a world without AIDS" (UNFPA, 2005a, p.4).

In order to better understand how to communicate within this environment, the following sections outline the current status of YSRH worldwide and in Vietnam. Particular attention is paid to the rapid spread of HIV/AIDS worldwide and the reproductive health-related international aid policies of the United States of America that impact directly on Vietnam, given the current extent of U.S. aid funding to Vietnamese reproductive health-related programs. Preconditions for youth sexual and reproductive health in Vietnam are also explored, highlighting the limitations of communication initiatives implemented in the absence of broader environmental changes.

2.2.1 HIV/AIDS has made youth sexual and reproductive health a global priority

As an easily transmissible and extremely serious virus, HIV threatens the wellbeing of all people who engage in unprotected sexual intercourse. With little or no sexual experience and natural embarrassment that may prevent them from seeking reproductive health advice or accessing contraception, young people are especially vulnerable to infection.

In August 2006, an average of 6,000 young people aged between 15 and 24 years were being infected with HIV every day. Of the 1.2 billion people in the world within this age bracket, 10 million are already living with HIV/AIDS (Global Youth Coalition on HIV/AIDS, 2006) – a significant proportion of the 65 million now infected worldwide (United Nations, 2006b). The vast majority of this number live in developing countries, particularly within the sub-Saharan regions of Africa. As noted in more detail below (see section 2.2.3), however, the future of the
pandemic appears to lie in Asia (Annan, 2004), giving further impetus for the need to develop effective communication about sexual and reproductive health in countries such as Vietnam.

The face of the HIV/AIDS pandemic is also changing as the virus spreads beyond ‘high risk’ groups such as intravenous drug users and sex workers, to the broader population. More than half of the five million people newly infected with HIV every year are young and the ‘typical’ person living with HIV/AIDS is now a young, heterosexual woman (Global Youth Coalition on HIV/AIDS, 2006). Women now represent 50 per cent of the people infected with HIV/AIDS worldwide, and nearly 60 per cent of the HIV/AIDS-infected people living in Africa (United Nations, 2006b).

The global impact of HIV/AIDS and its potential to reverse development gains in many countries was recognised at the highest levels of international government in September 2000 when world leaders at the United Nations Millennium Summit agreed on eight Millennium Development Goals (MDGs) (UNAIDS, 2006). The sixth of these goals was halting and reversing the spread of HIV/AIDS by 2015, a formidable challenge that would require unprecedented mobilisation of the world’s wealthiest countries in aid of the world’s poorest (United Nations, 2005).

In June 2001 a United Nations General Assembly Special Session (UNGASS) was dedicated to HIV/AIDS (UNAIDS, 2006). The special session resulted in the United Nations Declaration of Commitment on HIV/AIDS, which laid out a further five priorities in the fight against HIV/AIDS. First of these five was ensuring that people everywhere – particularly the young – know what to do to avoid infection (UNAIDS, 2001).

As steps to achieving this, the Declaration also set out the following youth-specific global goals, along with clear timeframes for their completion:

- By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys; (UNAIDS, 2001, p.23).
By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers (UNAIDS, 2001, p.25).

The UNGASS Declaration of Commitment on HIV/AIDS was a significant milestone in the global response to the threat of HIV/AIDS. In particular, it articulated a very clear conceptualisation of the role that young people have to play in preventing the spread of HIV/AIDS by:

Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic (UNAIDS, 2001, p.18).

The foregoing statement also encapsulates the ethos underpinning this thesis. The author believes that its principles are equally applicable and critical to the broader issue of youth sexual and reproductive health promotion worldwide, and in Vietnam in particular.

2.2.1.1 UNGASS in 2006

June 2006 saw the fifth anniversary of the UNGASS Declaration of Commitment on HIV/AIDS, an event marked by a five-year review at the United Nations Secretariat in New York (United Nations, 2006a). The review also commemorated 25 years since the cluster of symptoms associated with AIDS was first diagnosed in 1981 (AVERT, 2006c). A youth summit was organised in parallel with this event, focusing on progress made on the aspects of the Declaration of Commitment that were directly applicable to youth (Global Youth Coalition on HIV/AIDS, 2006).

The preparatory report of the United Nations Secretary General Kofi Annan set the tone for the review, in which the consensus was that, while progress had been made, the pace of the HIV/AIDS pandemic’s spread was outstripping the response.
In his report Mr Annan stressed that:

> Failure to urgently strengthen the AIDS response will mean that the world will achieve neither the 2010 targets of the Declaration of Commitment nor Millennium Development Goal 6. And without major progress in tackling AIDS, global efforts to achieve the Millennium Development Goals of reducing poverty, hunger and childhood mortality will similarly fall short of agreed targets. Countries whose development is already flagging because of AIDS will continue to weaken, potentially threatening social stability and national security (Annan, 2006).

Twenty-five years on from 1981, the HIV/AIDS epidemic has become a fully-fledged pandemic, albeit one that is still in its infancy in terms of its potential to spread, to cause unprecedented loss of life and to reverse the development gains of many developing countries. The pandemic has become increasingly generalised within many populations, is affecting a disproportionate number of women and shows no sign of abating. The world now possesses the means to begin to reverse the spread of HIV/AIDS but resources and political will must be mobilised at unprecedented levels. As Mr Annan now notes with increasing stridency, time, most especially, is of the essence if HIV/AIDS is to be overcome (Annan, 2006).

### 2.2.2 Youth sexual and reproductive health – current U.S. trends and their global impact

Beyond the crisis issue of HIV/AIDS, other trends within the broader field of youth sexual and reproductive health promotion also have direct implications for the problem under investigation.

Recent shifts in the United States of America’s reproductive health policies (on both domestic and international levels) are one area that has especial relevance to the issue of YSRH in Vietnam. The U.S is a significant source of international aid funding in Vietnam and reproductive health is a priority funding area for U.S.-Vietnam aid (USAID, 2006). U.S. national reproductive health policies and priorities are reflected in their international YSRH-focused engagement; funding embargos and other criteria for U.S. reproductive health aid (as discussed in the following sections) all impact on the scope and depth of U.S.-funded YSRH programs within Vietnam.
Amongst other changes, recent policy shifts have resulted in the introduction and promotion of ‘abstinence-only’ YSRH education programs across the United States of America\(^3\). There is also an increasing legislative focus on initiatives that restrict abortion services. Some of these trends and their implications for YSRH in Vietnam are outlined below.

### 2.2.2.1 The U.S. position on abortion and reproductive rights

Legislative moves to limit reproductive rights appear to be gathering speed in the U.S. One hundred and ninety-five state-level abortion restrictions have been adopted since 2000, with one quarter of this number passed in 2005 alone. Some of these are seemingly minor restrictions; requiring women seeking abortions, for example, to be given counselling and information (such as the purported link between abortions and breast cancer) intended to discourage them from going through with the procedure. Others, such as the requirement, in 33 states, that public funds are not used to pay for abortions for low-income women, even when it is medically necessary, or the 34 states that require some type of parental involvement in a minor’s decision to have an abortion, are clear indicators of a conservative political agenda (Alan Guttmacher Institute, 2006a). Collectively, these moves, and the many others that have been enacted in recent years, reduce the likelihood that young women will seek medically safe abortions when faced with an unwanted pregnancy.

At the time of writing, this trend shows no sign of slowing. By mid-2006, 14 states had introduced legislation aimed at criminalising abortion. In June, Louisiana passed a ‘trigger law’, designed to ban almost all abortions in the event that the historic 1973 Roe vs. Wade abortion decision is overturned or the U.S. Constitution is amended to allow states to restrict abortion (Alan Guttmacher Institute, 2006a).

Youth access to contraceptives is also under threat in the United States. In April 2006 the Alan Guttmacher Institute reported that Arizona’s state legislature committee had approved a measure that would require health providers to obtain written parental consent before writing any prescription (including contraceptive scripts) for a minor (Alan Guttmacher Institute, 2006b). This legislation would effectively present young people with a choice between informing their parents that they are sexually active (via requesting parental permission for a

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\(^3\) Two-thirds of American states require schools to teach sex education. Of this number, thirty-five per cent of school districts have policies mandating sex education curricula where abstinence until marriage is presented as the only contraceptive option for unmarried people. These same curricula either do not allow discussion of contraceptives or allow discussion only of their failure rates, despite an absence of scientific evidence to support the effectiveness of such approaches (Alan Guttmacher Institute, 2005b). In the 2005 fiscal year alone, the federal government spent USD $170 million to fund abstinence-only sex education programs (Waxman, 2004).
contraceptive script) or not using contraception. Although delaying sexual activity may be one possible outcome of a policy such as this, it is perhaps more likely that more young people will elect not to use contraception rather than communicate with their parents about a sensitive issue such as early sexual activity.

Another measure, narrowly defeated in its final hearing in New Hampshire in the same month as the Arizona policy, would have specifically required parental consent for emergency contraception (Alan Guttmacher Institute, 2006b). A move such as this also has implications for reproductive health as young people would be faced with the choice of informing their parents about the pregnancy, carrying the pregnancy to term, seeking a medical abortion (which may also require parental consent), or performing a non-medical (unsafe) abortion procedure. Although parents potentially play an important role in supporting children who find themselves with unplanned pregnancies, it is not safe to assume that all parents will be supportive. The main implication that moves such as this have for young people’s sexual and reproductive health is that it removes choice; young people in non-supportive family environments may go to extreme (and often unsafe) lengths to terminate an unplanned pregnancy without telling their parents.

The political climate that supports these measures appears to prevail at the highest levels of U.S. government. Values such as those driving anti-abortion legislative measures and ‘abstinence until marriage’ sex education programs have been extended to the United States’ international aid engagement. The next section discusses how these values impact on countries such as Vietnam, that are reliant on U.S. aid funding to support their reproductive health programs.

2.2.2.1 U.S. views on reproductive health extend to the international community

Internationally, the views of the current U.S. administration towards abortion and reproductive health are clearly articulated in a range of policies. On his first day in office in 2001, President George W. Bush reinstated the ‘Mexico City’ international family planning policy, a decades-old restriction that removes U.S. family planning assistance and funding for overseas organisations if they, with their non-U.S. funds, provide abortion information, services or counselling, or engage in any abortion rights advocacy work. This policy, now better known as the ‘global gag rule’, essentially dictates that international NGOs comply with the anti-abortion agenda espoused by the current U.S. administration if they wish to receive U.S. funding (Cohen, 2001).
The U.S. refusal to fund organisations that support safer abortions is especially concerning in light of the fact that 19 million women and girls obtain abortions in unsafe conditions, relying on unskilled or untrained providers, every year. This results in nearly 70,000 fatalities per annum, almost all of them from developing countries. Thousands of others suffer permanent injuries from these dangerous procedures (International Planned Parenthood Federation, 2006).

The U.S. administration’s position on abortion has also coloured their participation in the international community. In 2002, the U.S. discontinued its contributions to the United Nations Population Fund (UNFPA), on the grounds of alleged UNFPA support for coercive abortion and sterilisation in China (Cohen, 2002a). The funding embargo has been renewed every year since, despite the administration’s own investigative team (and numerous international delegations from other countries) finding no evidence to support the claim. The U.S. administration’s continued refusal to contribute is especially confounding, given that the UNFPA operates in more than 150 countries around the world but does not provide or pay for abortion services in any of them, working instead to reduce the need for abortion by promoting voluntary family planning (Cohen, 2002a).

The United States’ position on abortion has direct implications for YSRH in Vietnam. Vietnam has one of the highest abortion rates in the world; an estimated 1.4 million pregnancies are terminated every year (Agence France Presse, 2005). Far too many of this number are conducted in unsafe circumstances, whether in under-resourced hospitals, by back-street abortionists or through methods that involve self-harm (WHO, 1999). As one of Vietnam’s main international aid donors, the refusal of the U.S. (via the global gag rule and UNFPA-funding embargo) to provide funds to Vietnam-based programs that improve abortion services or provide post-abortion counselling does little to reduce or eliminate the likelihood that young Vietnamese will receive unsafe abortions.

### 2.2.2.2 U.S. government international reproductive health measures – countervailing views

In recent times there have been several high-profile instances of international and domestic resistance to the U.S. administration’s conservative reproductive and sexual health agenda.

In February 2006, the United Kingdom Department for International Development announced an initial grant of GBP £3 million to the International Planned Parenthood Federation’s new Global Safe Abortion Program. The program aims to increase access to safe abortion services, explicitly targeting NGOs that lost or can no longer accept family planning funding from the
U.S. as a direct result of the global gag rule (Boseley, 2006). The grant was announced by the British International Development Minister Gareth Thomas, who said at the time that:

*We work very closely with the Americans but we have a very different view from them on abortion...We know from experience that the absence of sexual and reproductive health services results in an increase in unintended pregnancies and, inevitably, a greater number of unsafe abortions. That is why the UK will support organisations like the IPPF and Marie Stopes that are providing medical care and information to help save women’s lives, I would urge other donors to follow our lead and make a contribution to this life saving initiative that could improve the lives of thousands of poor women in the developing world* (Boseley, 2006).

There has also been national-level resistance to U.S. government international reproductive health funding policies. In May 2006, two federal judges ruled in separate decisions that the government requirement that U.S. NGOs pledge their opposition to prostitution and sex trafficking in order to be eligible for U.S. funds to combat HIV/AIDS in the developing world was unconstitutional – breaching the First Amendment right to free speech (Marrero, 2006; Sullivan, 2006). These rulings came about as a result of two lawsuits filed by U.S. NGOs, who successfully argued that their right to free speech with their non-U.S. government funding was infringed by the so-called ‘loyalty oath’ requirement (Brennan Center for Justice at New York University School of Law, 2006; DKT International, 2006b).

Although none of the organisations that filed the suits support sex work or object to the limitation that U.S. funds cannot be used to promote the legalisation of sex work, they argued that the pledge would also further stigmatise and alienate sex workers, the groups of women in developing countries who are most at risk of contracting HIV/AIDS. The second of these suits was filed by DKT International, one of the world’s largest condom social marketing organisations. DKT International refused to sign the pledge on the grounds cited above, solely in relation to their condom distribution programs for sex workers in Vietnam (DKT International, 2006a) – further evidence of the far-reaching impact of current U.S. international reproductive health funding policies.

Whilst these rulings are a step towards a return to unrestricted reproductive health service provision for U.S.-based NGOs, they do not apply to the international NGOs that are also required to comply with the anti-prostitution pledge. International NGOs and indigenous groups have no constitutional rights under U.S. law and continue to be subject to this restriction, impeding their ability to gain the trust of commercial sex workers and their partners,
and to conduct effective HIV/AIDS prevention work with them (Alan Guttmacher Institute, 2006c). Consequently, it was a significant move, in May 2005, when the Brazilian government refused USD $40 million in U.S. aid grants to protest the restrictions that the anti-prostitution pledge placed on them (Phillips & Moffett, 2005). The Brazilian HIV/AIDS response is considered one of the most progressive in the world and this step reinforced Brazil’s commitment to pro-active, inclusive and effective HIV/AIDS prevention strategies.

It appears, from the foregoing, that the issue of abortion and reproductive rights is a potentially divisive one at the highest levels of international diplomacy. It is unfortunate, however, that the people disadvantaged by this division are those most at risk of unplanned pregnancy and unsafe abortion – people such as the youth of Vietnam.

2.2.2.3 U.S. international YSRH aid – the ‘ABCs’ of HIV prevention have a very small ‘C’

The conservative views underpinning current U.S. international aid policies in countries such as Vietnam have also driven what is most often referred to as the ‘ABCs’ approach to HIV/AIDS prevention.

The ABC model and slogan (“Avoiding AIDS as easy as Abstain, Be faithful, Condomise”) was first used in Botswana in the late 1990s. The ‘ABCs’ offered a simple way of communicating some well-known risk avoidance and reduction strategies to the general population (AVERT, 2006b).

In 2004, a more specific variation of the ABCs was adopted as the underlying strategy behind the President’s Emergency Plan for AIDS Relief (PEPFAR), a U.S. global HIV/AIDS relief plan initiated by the Bush administration with USD $15 billion funding over five years (Office of the United States Global AIDS Coordinator, 2004).

PEPFAR included 15 ‘focus countries’ that would receive the vast bulk of PEPFAR funding and activity, 14 of which were the most heavily afflicted within Africa and the Caribbean. Vietnam was designated as the fifteenth focus country shortly after the plan’s launch, an unusual choice, insofar as that it is in Asia and does not currently have a generalised HIV/AIDS epidemic (AVERT, 2006a).

While there is no debate about the valuable roles that abstaining from sex, being faithful and using condoms have to play in reducing the spread of HIV/AIDS, the PEPFAR interpretation of
the ABC model has been the source of much controversy within the international reproductive health sector, especially with respect to its implications for young people and YSRH (AVERT, 2006b). Specifically, PEPFAR espouses an ‘ABC’ strategy that utilises ‘population-specific interventions’ (interventions with specific sub-sections of a country’s population). This approach emphasises ‘A’bstinence for youth, including delayed sexual debut and abstinence until marriage; ‘B’eing tested for HIV and being faithful in marriage and monogamous relationships; and ‘C’orrect and consistent use of condoms for those who practice high-risk behaviours (Office of the United States Global AIDS Coordinator, 2004). This interpretation has many implications for the funding of YSRH activities in Vietnam, most of which stem from the U.S. definition of ‘high risk behaviours’ (see below).

The key problem with the PEPFAR interpretation of the ABCs is partly that the three elements of the ABCs are given equal weighting in terms of funding (limiting funding for condom promotion and social marketing – an essential component of any HIV/AIDS reduction strategy) but also that PEPFAR does not include the promotion of condoms to young people in general as a focus activity. Those who practice high-risk behaviours, according to PEPFAR, include “prostitutes, sexually active discordant couples⁴, substance abusers, and others.” (Office of the United States Global AIDS Coordinator, 2004, p.29). The inference, by extension, is that the ‘general population’ (including young, unmarried and sexually active youth in countries with high HIV/AIDS prevalence) are not at high risk (Cohen, 2005). In terms of youth sexual and reproductive health within the Vietnamese context, this inference can only serve to reinforce the ‘denial of risk’ that many young people feel. The perception by young Vietnamese that they are not at risk of diseases such as HIV/AIDS constitutes a significant barrier to the success of awareness and behaviour change interventions (Campbell, 2003). The emphasis within the PEPFAR population-specific interventions approach appears to support this perception.

The PEPFAR plan does allow for funds to be used to support programs that deliver age-appropriate ABC information, on the proviso that they include advice about condom failure rates and do not appear to present abstinence and condom use as equally viable, alternative choices (AVERT, 2006b). In practice, this means that two thirds of PEPFAR funding is mandated to focus on two HIV/AIDS prevention strategies that have a strong conservative moral basis. The remaining third is also governed by moral imperatives that privilege abstinence and faithfulness. Thus, within the PEPFAR universe, condom usage appears to be framed as a measure of last resort for those who are unable to remain abstinent or faithful.

⁴ Couples where one partner is known to have HIV/AIDS.
The problems with this are numerous, not least that the ABCs are but one component of HIV/AIDS prevention. In order to be effective, it is increasingly agreed that HIV/AIDS prevention strategies must address the virus at all levels within its local and broader environs (see section 2.2.3.1 for a discussion of the risk environment). The suggestion that faithfulness or monogamy is a 100 per cent safe alternative to correct and consistent condom use is also problematic, founded, as it is, on the assumption that all people are capable of remaining 100 per cent monogamous.

The PEPFAR emphasis on the ‘Abstinence’ and ‘Being faithful’ elements of the ABCs also came under fire from the U.S. Government Accountability Office (GAO) in April 2006, following a year-long analysis of the PEPFAR spending rationale. In the resulting report, the GAO recommended that Congress re-evaluate the stringent ABC-driven requirements for PEPFAR spending, particularly the challenges of the PEPFAR mandate that at least 33 per cent of funds be dedicated to abstinence-until-marriage programming (Government Accountability Office, 2006). This mandate applies to the distribution of PEPFAR funding in Vietnam, as well as the other 14 focus countries.

The GAO concluded that this requirement presented significant challenges for the 15 PEPFAR focus countries, with country teams reporting that it “challenges their ability to develop interventions that are responsive to local epidemiology and social norms” (Government Accountability Office, 2006, p. 36). More specifically, the spending requirement is forcing some country teams to cut funding for other prevention programs aimed at meeting the needs of sexually active youth – who could benefit from a stronger focus on condom awareness and correct usage. It is also limiting support for other PEPFAR-funded programs such as those working to prevent the transmission of HIV from pregnant women to their children – currently the source of 15 to 20 per cent of all HIV infections in Africa (Government Accountability Office, 2006).

A ‘one-size-fits-all’ approach to HIV/AIDS prevention and reduction such as that employed by the PEPFAR ABC strategy is problematic from both practical and ideological standpoints. Just as marketers long ago learnt the value of ‘glocalisation’ of international services and products to suit local markets; ethnocentric or morally-driven HIV/AIDS prevention strategies that do not take into account the diversity of the pandemic and its contexts will always face constraints and possible resistance that can limit their success (Cohen, 2002b). A broader but more country-specific PEPFAR strategy that addressed HIV transmission at all levels within the relevant

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5 Most often referred to as ‘MTCT’ (mother-to-child transmission).
context may find more success in the Vietnamese environment, and result in better sexual and reproductive health outcomes for young Vietnamese, than the current strategy being employed.

One of the non-government organisations that has moved to fill the gap generated by the U.S. administration’s ‘strings-attached’ international reproductive health aid is the Bill and Melinda Gates Foundation⁶. As part of its global health and HIV/AIDS prevention work, the Gates Foundation explicitly supports organisations that support sex workers and promote safer abortion practices. In their keynote address at the opening of the 16th International AIDS Conference in Toronto in August 2006, the Gateses directly addressed the stigma associated with sex workers and criticised the shortcomings of the ABCs approach to HIV/AIDS prevention, with Melinda noting that:

*Abstinence is often not an option for poor women and girls who have no choice but to marry at an early age...Being faithful will not protect a woman whose partner is not faithful. And using condoms is not a decision that a woman can make by herself; it depends on a man* (Reuters, 2006).

The Gateses’ leadership on sensitive issues such as HIV/AIDS prevention with sex workers is a counterbalance to the conservative rhetoric that has dominated U.S. international aid work in recent years. The Gates Foundation funds many projects within Vietnam, such as the country’s only anonymous HIV testing and counselling site (Bill and Melinda Gates Foundation, 2006). The fact that one of the loudest and most progressive voices in the global fight against HIV/AIDS is now coming from a private organisation (funded by corporate wealth), however, is an unusual inversion of the traditional public/private social intervention dynamic, perhaps an indicator of things to come.

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⁶ Bill and Melinda Gates are the founders and co-chairs of the Bill and Melinda Gates Foundation, the world’s largest private philanthropic foundation, with a U.S. $29.2 billion endowment largely sourced from Microsoft Corporation profits. In June 2006 the Foundation received a massive boost, with an additional U.S. $30.7 billion endowment (over several years) by Warren Buffet (the world’s second richest man, after Bill Gates). Not including the Buffet donation, the Gates Foundation’s current annual spend of approximately U.S. $800 million on global health approaches the budget of the United Nations World Health Organisation. It is also comparable to the infectious disease prevention funds currently allocated by the United States Agency for International Development (Bill and Melinda Gates Foundation, 2006).
2.2.3 Youth sexual and reproductive health in Vietnam

As outlined in earlier sections, the rapid growth and post-war transition that Vietnam is currently undergoing has precipitated significant changes to Vietnam’s economic, social and cultural landscapes (Haub & Huong, 2003; H. T. Khuat, 2003; O. T. H. Khuat, 2004; H. K. Nguyen, 2001). These changes have serious implications for the sexual and reproductive health of young people living in Vietnam. Increasing urbanisation, delayed marriage, shifting sexual standards (Haub & Huong, 2003; Khai, 2004; O. T. H. Khuat, 2004) and other changes have resulted in a sky-rocketing abortion rate (Agence France Presse, 2005; Haub & Huong, 2003; WHO, 1999) and an alarming increase in the spread of sexually transmitted infections such as HIV and AIDS (Hoang, Dinh, Nguyen, & Bui, 2002; H. T. Khuat, 2003; The World Bank Group, 2005). In August 2006 the number of Vietnamese living with HIV/AIDS was estimated at 300,000, with the United Nations Population Fund noting that two thirds of the approximately 39,000 new HIV infections reported in Vietnam each year are occurring among teenagers (Hang, 2006).

With an increasing gap between the onset of puberty (which is occurring earlier than in the past) and first marriage (which is occurring later) (H. T. Khuat, 2003; UNFPA, 2004a, 2004b), premarital sex is becoming much more common, especially in urban centres (Bondurant, Henderson, & Nguyen, 2003; Haub & Huong, 2003). This brings its own problems from a reproductive health perspective, as pre-marital sex is still considered socially and morally undesirable in Vietnam (Bondurant, Henderson, & Nguyen, 2003; Efroymson, Thanh, & Trang, 1997). Premarital sex thus becomes an illicit activity for many, making the maintenance of reproductive health much more difficult.

In general, sexual knowledge is very limited among young people living in Vietnam – formal sex education in schools is extremely limited and heavily censored (Bondurant, Henderson, & Nguyen, 2003; H. T. Khuat, 2003). Strong prevailing social taboos also prevent most Vietnamese parents and school teachers from speaking openly with children and young adults about the risks of unprotected sex (H. T. Khuat, 2003; WHO, 2003). The current transitional generation – the ‘children of Doi Moi’ – face further challenges. Members of this group are experiencing increasing pressure from peers and partners to become sexually active, while simultaneously receiving strong pressure from parents to preserve their virginity and remain sexually abstinent until marriage (O. T. H. Khuat, 2004).

The majority of family planning/contraceptive information services are targeted at married couples but the mean age for first marriage in Vietnam is now mid-20s (Haub & Huong, 2003;
UNFPA, 2005b). The average age of sexual debut, however, is less than 20 (Durex, 2005). This creates a sexual health knowledge ‘vacuum’ for young, unmarried Vietnamese. Common sources of improvised sex education include newspapers, magazines, pornography and discussions with friends, a situation that often perpetuates misconceptions (Efroymson, Thanh, & Trang, 1997; Haub & Huong, 2003).

The few health communication programs that do target young people very rarely consult with and involve their target audience during the design stages (Bondurant, Henderson, & Nguyen, 2003; H. T. Khuat, 2003). As a consequence, most existing health communication programs address young people’s sexual health concerns from an adult’s perspective. Communication about sexual health tends to contain a lot of instructive medical jargon or talk very generally about concepts such as ‘love’, ‘romance’ and ‘relationships’ rather than clear, straightforward basics.

In recent years, there has been an increasing amount of HIV/AIDS-focused information propagated in Vietnam, especially from government sources. This information, however, tends to be presented in such a way that, even though awareness about HIV/AIDS as a concept is relatively high across the general population, specific knowledge about the virus is still very limited (Haub & Huong, 2003; The Communist Party of Vietnam, 2000).

HIV/AIDS is also frequently taken out of the context of good overall sexual health, so much so that for many it has become a standalone, decontextualised ‘boogeyman’ disease (often complete with ‘skull and crossbones’-type imagery – see Figure 2) that is usually most strongly connected to intravenous drug use (Haub & Huong, 2003). This seems to reinforce the common perception that HIV/AIDS is a disease peculiar to people from undesirable high-risk groups such as sex workers and intravenous drug users. The inference, by extension, is that HIV is not a risk for ‘normal’ people7 (The POLICY Project, 2003). This focus on HIV/AIDS in isolation also takes attention away from the many other sexually transmitted infections that young people are at risk of contracting, as well as detracting from broader but equally pressing reproductive health issues such as unplanned pregnancy.

7 See section 2.2.2.3 for discussion of this issue in relation to current U.S. international aid policies.
Figure 2. One of the many prominent AIDS-themed posters in Ho Chi Minh City, Vietnam. This one reads: “Drugs, AIDS. Don’t try them even once”.

Source: Clements, 2005
A large number of young people living in Vietnam thus find themselves with limited access to relevant, accurate, non-threatening, comprehensible and unbiased information about sexuality and sexual health. Young people are hungry for information but are embarrassed to ask for fear of being perceived in a negative light (O. T. H. Khuat, 2004).

From a communication research perspective, this poses a substantial challenge; to determine the best way to develop and communicate culture and age-appropriate reproductive health information in a manner that reflects the sensitivities surrounding the topic.

Adding further urgency to this problem, Vietnam has recently been identified as one of the epicentres of the growing Asian HIV/AIDS pandemic, which is threatening to undo the development gains of recent years. In his opening address at the 15th International AIDS conference in Bangkok, Kofi Annan, the Secretary-General of the United Nations noted that, “One in four infections last year happened on this continent. There is no time to lose if we are to prevent the epidemic in Asia from spinning out of control” (Annan, 2004).

The present generation of young people in Vietnam thus face especial challenges in maintaining and protecting their reproductive health – as the ‘children of Doi Moi’ they are also the first generation to enter sexual maturity alongside the ever-present threat of HIV/AIDS. The growing presence of an easily transmissible (but also preventable) disease in an environment where sex and sexuality are entrenched taboos poses a significant threat to the maintenance of YSRH.

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8 The first case of HIV was detected in Vietnam in 1990 (Hoang, Dinh, Nguyen, & Bui, 2002).
2.2.3.1 YSRH In Vietnam – preconditions for reproductive health

As with most situations where public health is compromised, there are many contributing factors that endanger YSRH in Vietnam, none of which stands out as a singular ‘root cause’. These complex and intersecting factors are situated within cultural, social, political, economic and historic contexts, not simply within the traditional realm of ‘health’.

Consequently, it is necessary to adopt a broader view of health and the factors that affect it, in order to better understand the contexts in which health protective behaviours are situated. This more integrated perspective also allows health communicators to understand the ways in which these contexts affect the maintenance of overall YSRH and limit the effectiveness of health communication initiatives.

The notion of health itself has been revisited in recent times. There is increasing acknowledgement in health circles that health can no longer be addressed purely at the micro (individual) level. Rather, it is necessary to consider the whole environment, what Labonte and others refer to as the ‘risk environment’ – in this instance, those contextual factors that affect a young Vietnamese person’s ability to maintain and protect their reproductive health (Barnett & Whiteside, 2002; Campbell, 2003; Labonte, Reid, & Victorian Health Promotion Foundation, 1997). From this perspective, the issue of YSRH in Vietnam can be considered in terms other than a simplistic model that situates behaviour and behaviour change solely within the individual.

At the most fundamental level, the 1986 Ottawa Charter for Health Promotion\(^9\) asserts that improvement in health requires the basic prerequisites of “peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity” (WHO, 1986). Without these foundations, it is not possible for public health to improve – the advances in the overall health of the Vietnamese population in the post-American War period are testament to this.

Labonte (1997, p.24) expands on this notion of preconditions for health by arguing that:

> The empowering health promotion task is, first, to locate these diseases and behavioural risks in their psychosocial and socioenvironmental contexts; second, to recognise these contexts as independent health risks in their own right; and third, recognise that what becomes important is acting around all the problems in the "web", a task so vast and the

\(^9\) Developed during the first International Conference on Health Promotion
responsibility of so many groups, institutions and sectors that it demands effective partnerships.

Labonte’s views bring into sharp relief the inherent limitations in all health communication initiatives, whether online or otherwise. Regardless of how well conceived, funded or executed the communication, its effectiveness will always be limited by the risk environment in which the problem resides. Campbell, (2003) also discusses this notion in her insightful book – ‘Letting them die’ – which explores a ‘text-book’ health promotion campaign in Africa that was ultimately unsuccessful because of its inability to alter the risk environment in which it was operating.

In the Vietnamese YSRH context, specific risk environment factors include poverty, a lack of access to unthreatening health services, the status of young Vietnamese with regards to their reproductive rights, and the impact of socio-cultural taboos and changing times on health-protective behaviours. These broad categories encompass issues such as the stigma surrounding: people living with HIV/AIDS; young women who lose their virginity before marriage; people who are gay, lesbian, bisexual, transgender or intersex; young people seeking contraceptive advice and contraception; and unmarried women seeking abortions (H. T. Khuat, 2003; WHO, 2005).

There is also an ingrained culture of men (often married) visiting sex workers on a regular basis. Risk is compounded, in all instances, by a reluctance to use condoms and concern about the possible chemical side effects of the oral contraceptive pill and spermicides, resulting in extremely high rates of unplanned pregnancy and STI transmission rates. At the legislative level, government leadership on reproductive health and online communication matters is another factor that can influence the success (or otherwise) of online health communication initiatives.

Labonte sees widespread strategic collaboration and partnerships between government, civil society, youth and adults, health services, the mass media and others as the only possible solution to the many issues presented by the risk environment. He argues that the problems that need to be addressed within the risk environment, at all levels within society, are well beyond the remit of any one organisation to ‘solve’. Labonte’s views have especial resonance for the issue of YSRH in Vietnam; a challenging and multifaceted field that requires a strategic, collaborative response from all levels of government, civil society and the community.
2.3 Using the internet for health information

The preceding section outlined some of the key environmental preconditions for (and barriers to) behaviour change in relation to Vietnamese youth sexual and reproductive health (YSRH). When viewed in the context of this risk environment, the fundamental limitations of health promotion, social marketing and other behaviour change communication strategies are apparent.

From this perspective, behaviour and behaviour change cannot be isolated from the environment in which the behaviour resides. By extension, behaviour change strategies that focus solely on the individual can expect limited success in the long term (Barnett & Whiteside, 2002; Campbell, 2003; Labonte, Reid, & Victorian Health Promotion Foundation, 1997).

As important as it is to acknowledge the powerful influence of the risk environment on behaviour change communication, however, it is even more important not to lose hope or ‘give up’ in the face of a daunting task. Social marketing, health promotion and other forms of behaviour change communication do have the potential to have a positive impact on public health, and their application is being refined on a daily basis (Nutbeam & Harris, 2004).

Regardless of the paradigm in which they are grounded, all behaviour change activities have access to information at their root – an essential precursor to informed action and behaviour change (Nutbeam & Harris, 2004). As the foregoing discussion has shown, however, access to reliable, age and culture-appropriate information on sexual and reproductive health in Vietnam is often limited by the existing socio-cultural taboos that prohibit open discussion of sex and reproductive health (H. T. Khuat, 2003; WHO, 2003).

The internet has emerged, in recent years, as a new communication channel that offers a possible solution to this problem. The following sections outline the development of the internet as a health promotion channel, its potential value in this sphere, its applicability to youth audiences and the Vietnamese context, as well as the challenges and opportunities that health communicators face in utilising it for this purpose.

2.3.1 Emergence of the internet as a health communication channel

Recognition of the internet’s potential as a health communication channel occurred almost in parallel with the emergence and popularisation of the internet in the early 1990s. The use of computers in health promotion activities had been explored towards the end of the 1980s
and the development of the internet signalled a positive new development and extension of their potential (Cassell, Jackson, & Cheuvront, 1998; Eng & Gustafson, 1999).

The field now known as e-health (encompassing “health services and information delivered or enhanced through the internet and related technologies” (Eysenbach, 2001)) is rapidly developing. The first annual conference of the Society for the Internet in Medicine (SIM) was held in 1996 (Society for the Internet in Medicine, 2006) and SIM’s journal, the Journal of Internet Medicine, was launched in 1999 (Eysenbach, 1999). Other academic publications such as CyberPsychology and Behavior (Mary Ann Liebert Inc. publishers, 2006) have also emerged, documenting the impact of these technologies on behaviour and society.

In health promotion circles, almost every new health communication strategy produced in recent years for internet-enabled countries has included an online component. In Australia alone, fields as diverse as depression (www.beyondblue.org.au), gambling addiction (www.cyh.com/HealthTopics), youth-specific issues (www.reachout.com.au), healthy eating (www.heartfoundation.com.au), multicultural mental health (www.mmha.org.au), breastfeeding (www.breastfeeding.asn.au), skin cancer prevention (www.cancer.org.au) and smoking cessation (www.quitnow.info.au) – to name but a few – have launched online health communication initiatives.

Furthermore, online health communication initiatives offer a potentially powerful re-imagining of the health promotion notion of ‘purposeful spaces’. As Elizabeth Reid comments in her introduction to *Power, participation and partnerships for health promotion*:

> The creation of purposeful spaces, of sites of reflection and retreat may be one of the most powerful of health promotion and development practices. For these spaces can be sites of healing and recovery, sites of resistance, sites of connecting across differences, sites of consensus building and collective problem solving, sites of creativity and exuberance. The greater the diversity of the group members, the more complex the analysis and the more extensive and inclusive the networks and the communities created (Labonte, Reid, & Victorian Health Promotion Foundation, 1997, p.4).

The internet offers unlimited opportunities to create just such ‘purposeful spaces’, albeit in a virtual sense. If the interactive potential of the internet is truly utilised, these spaces can become virtual ‘health-enabling communities’; building on the Freirian notion of social capital development via the creation of “…a social and community context that enables or supports
the renegotiation of social identities and the development of empowerment and critical consciousness, which are important preconditions for health-enhancing behaviour change* (Campbell, 2003, p.51).

2.3.2 The internet’s value as a health communication channel
From the outset it was apparent that the internet offered many unique qualities as a medium; qualities that were especially applicable to health communication and behaviour change. In their 1998 Journal of Health Communication article, Cassell, Jackson and Cheuvront argued for the internet’s potential to conduct persuasive public health interventions on the basis of its status as a ‘hybrid channel’, one that combines the positive attributes of mass and interpersonal communication.

Health promoters in the field soon picked up on the value that the internet offered – with particular respect to its ability to communicate tailored messages direct to niche audiences in real time. This technology could also be appropriated to facilitate two-way health communication, fostering dialogic relationships that could support behaviour change. In one of its most simple but effective forms, the pioneering Columbia University Health Promotion Program health-themed question and answer website ‘Go Ask Alice!’ (www.goaskalice.columbia.edu) has operated since 1993, receiving nearly 2,000 questions every week from young users (Columbia University, 2005).

2.3.3 Using the internet to communicate about sexual and reproductive health
Serious academic exploration of the internet’s suitability for communication about sensitive health topics such as sexual and reproductive health began around the turn of the millennium. In 1999 Al Cooper described the ‘Triple-A engine’, when explaining the growing use of the internet for online sexual pursuits. Cooper argued that the internet attributes of ‘availability’ (e.g. millions of sites available around the clock), ‘affordability’ (e.g. competition and varying applications resulting in many sources of free or low-cost sexual pursuits and information) and ‘anonymity’ (e.g. the common perception that online communications are anonymous or untraceable) made it conducive to such activities, also making passing reference to the applicability of the Triple-A engine for dissemination of sexual health information (Al Cooper, 1998).

Barak and Fisher (2001) soon adapted and expanded on this concept to promote the internet as an ideal source for education and exploration about reproductive health, adding the features of
‘acceptability’ and ‘aloneness’ to what had now become the ‘Penta-A Engine’ (Barak & Fisher, 2001).

The five factors identified by Cooper, Barak and Fisher are common to the international environment, but especially relevant to the Vietnamese context. It is socially desirable or acceptable, for example, to be seen at internet cafes, which have become de facto meeting places for many young people who spend hours chatting online and playing games. Furthermore, and with especial relevance to adolescent reproductive health, young people are also able to access the internet in an anonymous and alone manner. Both of these elements, however, are subject to the unique environment of a populous, communist country; in theory (but rarely in practice) internet café owners are required to take note of all people who use their service (see section 2.4.3). The internet cafés themselves are also boisterous, noisy places where people frequently look at quite private information or carry out personal conversations with dozens of people milling around them (Lee, 1999). Nonetheless, these locations are relatively anonymous and alone, insofar as that they are not in the presence of their families or other formal sources of authority.

It is also worth nothing that, since this research commenced, the one pre-existing Vietnamese language reproductive health website www.tamsubantre.org (CIHP, 2002) has been completely redesigned and a new site www.gioitinhtuoiteen.org.vn (KfW Entwicklungsbank, 2005) has been launched, supporting the validity of the original premise of this project. These sites provided a useful benchmark for this research, and were used as stimulus material in a number of the research procedures outlined in the Methodology (see sections 3.2.2 and 3.3.2).

2.3.4 The internet’s suitability for youth-focused health communication

The suitability of the internet for communication that specifically targets youth is almost a moot point. Worldwide, the new generation of media consumers are coming of age in an information-rich environment that is rapidly changing and responding to evolving communicative technologies (Barnikel, 2005; Melcrum Publishing, 2007). The internet is at the forefront of this and youth, by and large, are among the first to adopt the myriad new services that are delivered via the internet (Lenhart, Rainie, & Lewis, 2001). Blogs, pod-casting, online video hosting, viral marketing and instant messaging are just some of the recent information and communication technology (ICT) developments that have been driven by the early-adopting youth market (Featherstone, 2007; Goman, 2006).
There is also an increasing body of evidence (mostly originating from the United States of America), suggesting that young people are some of the main users of online health information. This has been the case since the internet’s earliest days, with the Kaiser Family Foundation reporting in 2001 that 68 per cent of Americans aged 15-24 had used the internet to search for health information (Rideout, 2001). By 2005, the Pew Internet and American Life Project reported that 77 per cent of internet users aged between 18-29 years of age had ever sought online health information, with 15 per cent of the same group ever searching online for information about sexual health. Pew’s findings were consistent with their earlier survey, conducted in 2002, which also found that these young people were the most common users of online reproductive health information (Fox, 2005).

This online health information seeking is consistent with the broader media consumption patterns of the loosely defined generational group known as Generation Y (Gen Y) (Barnikel, 2005). Members of Gen Y are typically characterised as media savvy, non-linear multi-taskers who, at this stage of their lifecycle, have a low boredom threshold and high tolerance for multimedia and multisensory communication (Barnikel, 2005; Goman, 2006; Morton, 2002).

While there is much disagreement about the exact age range for Gen Y members (Wolburg & Pokrywczynski, 2001), it is generally accepted that they were born between the end of the 1970s and the mid-90s (Morton, 2002; Neuborne & Kerwin, 1999; Wolburg & Pokrywczynski, 2001). There is also debate about the applicability of the label to generations born within this timeframe, outside of predominantly Anglophone cultures. While earlier labels such as ‘Generation X’ were primarily applied to western or Anglophone countries, some scholars argue that increasing globalisation via communicative technologies, commerce and travel renders such distinctions unnecessary (Stanat, 2005). This is a claim that must be approached with some caution, in extending a broad stereotype to an even broader set of conditions. As the approximate age bracket of Gen Y matches the majority of participants in the research reported in this thesis, however, the applicability of the concept to the context under investigation merits further discussion.

In relation to the Vietnamese context, it is safe to note that young people within the Gen Y age bracket have been the first in many generations to grow up without the persistent presence of conflict (Daugherty, 2003), in a time of economic prosperity (albeit only relative to the past). They are also the first generation to experience the increasing commercialisation that has accompanied the Doi Moi process of economic liberalisation and engagement with the global community. These factors may mean that, for at least the young people of the upper and middle
classes in Vietnam, the media consumption generalisations of the Gen Y label may have increasing relevance.

### 2.3.5 Considerations for effective online youth-focused health communication

While the fundamentals of good web design are now well established (Krug, 2006; Rosenfeld & Morville, 2002), there are a number of considerations that are particular to the sphere of online health communication and, more particularly, online communication with young people. These considerations apply at both the macro and micro levels of the design process and, cumulatively, can affect the efficacy and reach of a website (Danaher, McKay, & Seeley, 2005; Dockendorf, 2002; Shrimpton & McKenzie, 2005).

At the macro level, issues such as the information architecture of a website (the combination of organisation, labelling and navigation schemes that help people find and manage information on a website or intranet (Rosenfeld & Morville, 2002)) are of paramount concern when undertaking health communication. In their article on the information architecture (IA) of behavior change websites, Danaher, McKay and Seeley (2005) suggest four main IA configurations. This continuum moves from the free-form matrix design (which allows users to explore all content via multiple hyperlinks as they desire) to the hierarchical IA design (with content prescriptively arranged in a top-down manner) to the tunnel IA design (which guides users through a linear, stepwise process) and the hybrid IA design (a complex design that incorporates some combination of elements that use matrix, hierarchical and/or IA designs). All four designs have strengths, weaknesses and purposes to which they are more or less suited, but the hybrid IA design appears to offer considerable flexibility in relation to the problem under investigation. For example, a design that incorporated a hierarchical structure in combination with elements that used a tunnel design (e.g. for a YSRH-themed quiz) could provide a flexible solution that balanced the need to guide the user experience and the need to ensure that independent young users do not feel ‘trapped’ in a tunnel process or overwhelmed by the choices that a matrix design can offer in a content-rich site (Danaher, McKay, & Seeley, 2005; Rosenfeld & Morville, 2002).

In addition to the practical issues of how IA can shape the user experience, other overarching considerations include how prospective users find the website and assess its credibility once there. When attempting to ensure that a website can be found amongst the myriad websites in the worldwide web, the inclusion of appropriate meta tags is just one of many aspects that is often neglected by site developers, but which has particular relevance to the context and issue under investigation (Rosenfeld & Morville, 2002). Meta tags are HTML elements of a web page
that are commonly used to provide keywords and a description of the page. These tags are not visible on the screen but can be accessed by search engines to generate and display a list of search results matching a given query (Oxford University Press, 2004). From an information retrieval perspective, meta tags are very important\textsuperscript{10}, although they are often overlooked or added as an afterthought. When designing a website for young people the choice of language used in these meta tags can mean the difference between the success or failure of a site (Dockendorf, 2002).

Dockendorf (2002) investigated the role of meta tags in young people’s internet searches for YSRH information. Her findings suggested that site developers were not describing websites in the language that the prospective users (young people) were using. Consequently, a search for slang terms for condoms (‘rubber’, ‘raincoat’ etc) would not return the most relevant results for a young person seeking YSRH information. This finding suggests that exhaustive and age-appropriate labelling of meta tags on a YSRH-themed website is essential if it is to reach its intended users.

Establishing source credibility with potential users of a website is also imperative if a YSRH website is to be effective. The trustworthiness of online information is a universal problem for web users but this issue is amplified when it comes to an issue as sensitive as sexual and reproductive health information (Rideout, 2001). Walther, Wang and Loh (2004) addressed this issue directly in their research into the effect of top-level domains and advertisements on the credibility of health websites. Using a three-dimensional credibility instrument (comprising safety, trustworthiness and dynamism) the authors concluded that health websites should attempt to secure a .org rather than .com domain name, and avoid commercial advertising if possible; relatively simple steps that would increase the likelihood that the website and its content will be perceived as credible.

Moving to the micro level, considerations of colour, illustration, tone, language and features can all affect how a website is used and perceived. In the participatory evaluation of the Domestic Violence and Incest Resource Centre’s youth website www.burstingthebubble.com Shrimpton and McKenzie (2005) addressed these issues, concluding that “The messages the

\textsuperscript{10} In the earliest days of the internet meta tags held even greater significance, as early search engines relied on them to provide search result rankings. This gave rise to a field of marketing research known as search engine optimisation, which focused on how to improve search rankings via strategic use of meta tags. Large search engines such as Google no longer use this method but will often still draw on meta tag data to provide the ‘preview’ description of a website in a search result list. Other HTML elements of a website are now also used by search engines – incorporating slang descriptions into these elements is equally important.
young people gave us about the need to make content interactive, easily readable, and to illustrate ideas with pictures and real stories are important as lessons in how to produce websites for a broad range of audiences”. They also stressed that “Participation of young people is essential in ensuring that a website meets their needs”, a sentiment that seems a valuable guiding principle for any endeavour of this nature.

2.4 Vietnam and the internet

In order to better understand the environment in which an online reproductive health information resource for young Vietnamese would operate, it is also necessary to review the introduction and development of the internet in Vietnam, from both technical, economic and regulatory perspectives.

The story of the internet’s introduction to Vietnam is, in many ways, representative of the country’s increasing engagement with the outside world. In the case of the internet it has been a process characterised by a late start, partly caused by initial government caution and a desire to control the flow of information, followed by gradual acceptance that the internet was essential for growth and development and – in its current phase – a high-speed ‘catch-up’ with the rest of the developed world … but in a uniquely communist manner.

2.4.1 Early days

Vietnam’s first permanent international internet connection was established in November 1997. As precursors to this, small-scale research projects and connectivity activities had been taking place since 1991, when the possibility of an email exchange with a German university was explored by Hanoi’s Institute of Information Technology (IOIT) (this pioneering project proved unfeasible due to poor connections and high costs) (Kelly & Minges, 2002).

In 1992, the IOIT established a successful dial-up telephone connection with the Australian National University (ANU) to exchange email, eventually becoming Vietnam’s first national computing network. This network was called VARENet (Vietnam Academic Research and Educational Network) and, by 1996, around 300 scientific, academic, and research organisations were connected to the IOIT (The European Union’s Asia IT&C Programme, 2004).

*In its early days, batches of e-mails were sent five times a day from ANU to Hanoi, where they were sorted by members of IOIT. At times, they were hand delivered (via motorbike) around the city (Dang, 1999).*
Another development around this time was a second network catering to the needs of the NGO community, long a key user of information technology in Vietnam. NetNam, which was also affiliated with the IOIT, was launched in 1994 with assistance from an European NGO and a Canadian research centre (NetNam, 2005). NetNam also connected to ANU in Australia to provide email to its predominantly NGO, academic, and research clients. By 1996, NetNam hosted a few hundred accounts, including 60 of the 75 foreign NGOs operating in the country, totalling more than 800 users (Dang, 1999).

From a technical perspective, it appears that Vietnam was ready to have a permanent international internet connection in 1996. This was delayed by the Communist Party amid concerns about a lack of appropriate legislation and control – and, less explicitly, the obvious potential of the internet to threaten the ability of the state to control public information (Dang, 1999). Finally, at the end of 1997, after a flurry of last-minute government decrees and regulations that attempted to control the content and use of the internet, the Communist Party approved the first permanent international internet connection and commercial internet services began (The European Union’s Asia IT&C Programme, 2004).

### 2.4.2 Growth and establishment

In the early years there was only one Internet Exchange Provider (IXP) (the top-level internet gateway or portal) for Vietnam – Vietnam Data Communications (VDC), a subsidiary of the state Vietnam Post and Telecom (VNPT) monopoly. In turn, there were five licensed Internet Service Providers (ISPs) – one of which was the VDC itself. This limited competitive environment led to extremely high service costs relative to the Vietnamese economic environment, which have only recently begun to normalise (Dang, 1999; The European Union’s Asia IT&C Programme, 2004; VietNam News, 2004a). Consequently, by the end of the year 2000 there were only slightly more than 100,000 dial-up internet subscribers nationwide, a penetration level of just over one subscriber per 1,000 inhabitants (Internet World Stats, 2005; Kelly & Minges, 2002).

In recent years, however, and especially following a significant internet service rate reduction by the Ministry of Posts and Telematics in April 2003, there has been a boom in the popularity and availability of internet services in Vietnam (The Communist Party of Vietnam, 2003; The European Union’s Asia IT&C Programme, 2004). This has been facilitated by increasing competition and gradually decreasing prices, which have made services such as internet cafés an affordable option for most city dwellers and many rural people as well. In 2005, the cost of
visiting an internet café for an hour in Ho Chi Minh City was between 3,000 and 18,000 Vietnamese dong\textsuperscript{11} (VND), roughly the same price as a cup of coffee. In July 2005 it was estimated that there were more than 5,000 internet cafés nationwide, with more opening daily (Reporters sans frontières, 2005a).

Outside of internet cafés, private internet access is still a relative luxury in Vietnam, especially the faster ADSL connections, which are, in absolute terms, about three times more expensive than their equivalents in the U.S.A. and thus prohibitively expensive for most Vietnamese (The European Union’s Asia IT&C Programme, 2004). A university professor in Vietnam must spend 30 to 50 per cent of their monthly income in order to have ADSL access (The European Union’s Asia IT&C Programme, 2004).

Despite this, the internet is growing at a phenomenal rate in Vietnam. Between 1999 and midway through 2005, the number of Vietnamese accessing the internet increased nine-fold to about 9.1 per cent of the population (compared to the Asian average of 8.4 per cent) (Thanh Nien Daily, 2005a). In March 2005 the state-run Vietnam Internet Network Information Center reported a total of 2.2 million internet subscribers nationwide, which they extrapolated to 6.5 million internet users (VietNam News, 2005). As the bulk of internet use is now conducted via the many popular public internet cafés across the country (most rural areas now have at least one internet café as well (Lam Dinh Thanh Tran, 2005)), it is reasonable to assume that this calculation may even be on the conservative side.

The democratisation of internet access in Vietnam has clear implications for the viability and value of an online reproductive health information resource for young Vietnamese; as more and more young people begin to access the internet on a regular basis, the reach of a website of this type also improves, reducing a reliance on resource-intensive communication channels such as print.

2.4.3 Regulation and control

Since authorising Vietnam’s entry to cyberspace in 1997, the Vietnamese government has performed a difficult juggling act; promoting the internet in the name of commerce, prosperity and national growth, while also seeking to control the ways it is used (Dang, 1999; Kelly & Minges, 2002; Reporters sans frontières, 2005b; The Communist Party of Vietnam, 2004b; The European Union’s Asia IT&C Programme, 2004).

\textsuperscript{11} 1 AUD = approximately 12,000 VND.
As Dang (1999, p.8) notes:

The case of Vietnam exemplifies how, by mid 1990s, information and communication technologies were being remodeled to fit the needs of the power structure. Purposive technological development, systematic institutional harassment, (self) censorship of content, user registration, and monopolization of key infrastructures can bring the Internet to serve objectives quite remote from the information liberation and political opening that has been too lightly claimed before.

The internet, by nature an amorphous, dislocated, borderless, anarchic and (relatively) egalitarian creation, must be anathema to a government that has a long record of tightly controlling the flow of information in and out of Vietnam (Reporters sans frontières, 2005b). As coverage and infrastructure develop throughout the country, the internet is increasingly bringing the world to Vietnam, and Vietnam to the world (Lam Dinh Thanh Tran, 2005). This includes the often dissenting views of expatriate overseas Vietnamese (‘Viet Kieu’), the views of political dissidents within the country and the wide world of pornography and other ‘social evils’ (OpenNet Initiative, 2006).

From the outset, the Communist Party has attempted to put in legislative and technical measures that would prevent this from happening; ensuring that the sole IXP was state-owned well into the 21st century, legislating, policing and using technical measures to control and monitor internet use, and taking an extremely hard line against online content deemed inappropriate (OpenNet Initiative, 2006).

In 2001, the government issued Decree No.55, a key foundation document on the management, provision and use of internet services in Vietnam. Amongst other provisions, Decree No.55 stated that using the internet “to do hostile actions against the Socialist Republic of Vietnam or cause security unrest, violate morality and good customs and other laws and regulations” (The Communist Party of Vietnam, 2001, p.3) was strictly prohibited.

Furthermore, “synchronous measures must be constructed to prevent Internet abuses, causing negative impact to the national security and breaking national morality, traditional fine customs” (The Communist Party of Vietnam, 2001, p.2).

Most recently these ‘synchronous measures’ have included police raids on the offices of Vietnamese websites that have allowed political debate, and the closing or suspension of websites that are deemed inappropriate (Reporters sans frontières, 2005b).
In his history of internet development in Vietnam, Dang commented that:

*The authorities are still tinkering with a working model of controlling and regulating the Internet and its content. The media are regularly reporting...about committees to be set up to inspect the use of the Internet, new guidelines to "correct mistakes and bias", and plans to be outlined to stop "negative" information on the Net* (Dang, 1999, p.8).

In recent years, the Vietnamese government has continued the approach that Dang writes about; in September 2004 a ‘special police force’ was created to fight internet-related crimes, in addition to the pre-existing online security unit. This special force was assigned to proscribed Vietnamese internet crimes, including “illegal penetration into specialised networks or local networks of organisations and individuals, stealing, changing data, cheating or gambling via the internet, and saving and distributing banned publications on the internet” (VietNam News, 2004b).

The move to establish a special police force was preceded by government Decision No.71/2004/QD-BCA, which came into effect in March 2004. Amongst other provisions, Decision No.71/2004/QD-BCA stipulated that internet café owners should keep full records of all customers, including full names, addresses, serial numbers of their identity cards or passports and the times of their visits. This legislation also required internet cafés to monitor all internet sites visited by customers and store this information on their servers for 30 days (The Communist Party of Vietnam, 2004a).

Although this legislation was much derided as impractical and is currently hardly adhered to (Minh, 2004), it is worrisome nonetheless, in light of the recent report from the press freedom organisation Reporters sans frontieres (RSF) that, at the end of July 2005, there were three Vietnamese nationals in prison in Vietnam for ‘cyber dissent’. According to RSF, one of these prisoners, Mr Pham Hong Son, “is serving a five-year sentence for downloading an article entitled ‘What is democracy?’ from the U.S. embassy’s website, translating it into Vietnamese and distributing it on the internet” (Reporters sans frontieres, 2005a).

Decision No.71/2004/QD-BCA was reinforced in late July 2005 with a new directive limiting internet café access to people over the age of 14 years (unless with a guardian), restricting opening hours to between 6am and midnight, requiring the compulsory installation of software filters to screen out pornography and ‘unhealthy’ content and forcing internet café owners to undergo a six-month course in order to learn how to better monitor their customers (Reporters
sans frontieres, 2005a; Thanh Nien Daily, 2005b).

Behind the scenes, government control of the internet is also strong. Blocking of inappropriate websites via firewalls at the ISP level has long been a routine measure, with decisions made by the Ministry of the Interior and implemented by the ISPs. On a national level, the state-run IXP/ISP, Vietnam Data Communications, intercepts every single user request to access a site in Vietnam. Approval is only granted if it complies with the country’s censorship regulations (Borton, 2002). Access to foreign websites is also controlled by firewalls; sites that are considered offensive or contrary to the party line are blocked. In addition to the implications for freedom of speech and information flows, this has the effect of further slowing internet connection speeds (due to the filtering/blocking software) in a country with patchy internet connections at the best of times (Kelly & Minges, 2002; Reporters sans frontieres, 2005b).

In addition to political sites, the websites of Vietnam’s online gay community are another common target of website blocking and enforcement measures. It appears that hosting one of these sites in Vietnam is not a serious option – almost all Vietnamese websites on this topic are hosted offshore (Anonymous, 2005).

2.4.4 Implications for youth sexual and reproductive health

In terms of reproductive health communication, this restrictive environment has a number of implications. The recent restrictions on internet cafés, if enforced, are of most direct significance for young people. The fact that all users of internet cafés are now required to provide full personal details on arrival means that internet cafés are no longer an anonymous venue where young people can learn about sexuality and sexual health at their own pace, without fear of judgment or repercussions. That internet cafés now have to monitor and store records of web surfing activity (websites visited) is also likely to heighten any concerns about surveillance and make it less likely that young people will seek out any information related to reproductive health – educational or otherwise. An awareness of possible government surveillance must surely make the task of seeking out information about YSRH even more daunting from a young person’s perspective.

Furthermore, the new regulations prohibit children under the age of 14 from visiting internet cafés without being accompanied by a guardian. This immediately lifts the starting point for learning about YSRH online to 14 years, unless an adult accompanies the young person. As with the rest of the world, the chances of a young person taking a guardian with them to an internet café in order to learn about YSRH are relatively slim.
With reference to the development of a YSRH-themed website, these measures and the existing level of online censorship make one thing clear; in order to host a website in Vietnam one has to design with the censors in mind. For a YSRH-themed website this means thinking twice about whether or not to include images of any type (lest they be deemed pornographic) and about what level of detail to include when discussing sex, reproductive organs etc. Sexual orientation is another censorship ‘trigger topic’ and so on and so forth.

Consequently, in order to reach the desired target audience for a YSRH-themed website (at least those members of that audience that are over the age of 14 and thus able to visit an internet café), a significant amount of pre-emptive self-censorship must take place – which is very rarely to the benefit of the target audience.

The foregoing discussion has outlined the many contextual factors influencing and compromising YSRH in Vietnam. The many barriers that young Vietnamese face in maintaining their reproductive and sexual health make the accessible provision of reliable YSRH information all the more important. Given the many controversies surrounding the topic, it is imperative that this information is perceived as unthreatening and relevant.

The following section details the process of identifying YSRH information needs within the contemporary Vietnamese context, and of exploring how an online information resource can best meet those needs.

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12 The unanimous advice received from leading web designers and teachers of web design in Vietnam on this topic is ‘Don’t!’ (Gordon, 2005; Morris, 2005).
3. **Methodology**

The following chapter describes the process of working with young Vietnamese in Australia and Vietnam to identify and elucidate their reproductive health information needs, as situated within the contemporary Vietnamese context. This process was undertaken in order to determine how an online resource might best meet these needs.

The research documented in this section is best categorised as a process of exploration. Its design drew on the principles of the participatory action research methodology (Cherry, 1999; Greenwood & Levin, 1998) and involved the utilisation of a range of research methods. Preliminary surveys in both Australia and Vietnam attempted to determine the optimal content, style, features and tone of a reproductive health information website, in relation to the requirements of its target users. Subsequent discussion groups in both countries explored these requirements in more depth, focussing on the socio-cultural aspects of reproductive health information-seeking behaviour from the perspective of young Vietnamese.

The depth of understanding and flexibility afforded by a more inductive approach were key factors in this decision as action research, by its very nature, is a more inductive than deductive process (Denzin & Lincoln, 2000). The ability to encompass an evolving and responsive research design (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998) was another important consideration, as was the importance that action research approaches place on a reflexive approach to academic inquiry (Alvesson & Skölberg, 2000; Denzin & Lincoln, 2000).

Cherry (1999) stresses that action research must contain three strands; an action strand (which focuses on social research for social change, making a difference to the world beyond the research), a knowledge strand (focused on adding to the body of knowledge and enriching collective wisdom) and a learning strand, which privileges individual and collective practice, building the capacity for change and development. Murphy et al (1998) note that validity and generalisability are not central concerns in action research, with Greenwood and Levin (1998) and Baxter and Babbie (2004) offering the aligned concepts of credibility, dependability, confirmability and transferability as measures of research quality and trustworthiness. These are the standards that the process recorded here aimed to meet.

The methods employed in this research have also attempted to reflect and incorporate the participatory ethos that underpins the action research paradigm (Cherry, 1999; Greenwood &
Levin, 1998). This reflexive process has resulted in a somewhat ‘organic’ research journey, one which has evolved and adapted as the collaborative relationships with the communities of interest have developed (Cherry, 1999). In terms of overall design, this process has some broad parallels with Shrimpton and McKenzie’s (2005) evaluation of the Domestic Violence and Incest Resource Centre’s youth website www.burstingthebubble.com, one of the few contemporary participatory projects focused on youth interaction with health websites.

The research process that will be described in this section encompassed the following distinct phases:

Phase One: Preparation.

3.1.1 Review of the literature, problem clarification and process planning.

3.1.2 Initial relationship building with a range of Vietnamese and Australian groups in order to establish enabling research linkages and partnerships.

3.1.3 Pre-fieldwork orientation trip to Vietnam

Phase Two: Melbourne-based research.

3.2.1 Online survey of Vietnamese studying overseas in order to obtain baseline data about online information-seeking behaviours, pre-test the subsequent survey (see Phase Three) and establish the direction for upcoming focus groups

3.2.2 Mini focus groups with Vietnamese students studying in Melbourne to establish the ideal parameters of a Vietnamese-language online sexual health resource

Phase Three: Ho Chi Minh City-based research.

3.3.1 Online survey of students studying at RMIT International University Vietnam (Ho Chi Minh City campus) to confirm and clarify (triangulate) earlier findings within a Vietnamese context

3.3.2 Group discussions with students studying at RMIT International University Vietnam (Ho Chi Minh City campus) to confirm and clarify earlier findings within a Vietnamese context
Phase Four: Data analysis and interpretation.

3.4.1 Analysis and interpretation of data resulting from Phase Two survey and focus groups

3.4.2 Analysis and interpretation of data resulting from Phase Three survey and discussion groups

This chapter describes this multiphase process; from preliminary relationship building and orientation to the analysis of data resulting from research implementation in Melbourne and in Ho Chi Minh City, Vietnam. In accordance with standard university ethics clearance, all research was undertaken with Vietnamese who were 18 years or older at the time.

3.1 Phase One: Preparation

3.1.1 Review of the literature, problem clarification and process planning

As with most academic endeavours, the identification, collection, distillation, critique and synthesis of the relevant existing literature was a preliminary step in the research process (Rudestam & Newton, 2001). The thesis topic touches on many disciplines and contexts so it was essential to read widely to gain an overview of the issues. At the outset, it was necessary to situate youth sexual and reproductive health (YSRH) within the Vietnamese context and, more specifically, within the issues specific to young Vietnamese and their environment. Consequently, YSRH and its attendant issues were key foundation topics, as were the possibilities offered by online communication, both for research and for communication about YSRH. With particular attention to the Vietnamese context, this also involved consideration of issues such as censorship and information flows.

This contextual review was conducted alongside an investigation of the current state of YSRH communication in both developed and developing settings, with particular attention given to theories of health promotion and behaviour change, as well as factors that impact on health behaviours. Underpinning all of this reading and, by extension, this thesis, was the literature on facilitating the participation and greater involvement of at-risk groups in developing communication initiatives.

Once the literature review was complete, conceptualisation of the project and logistical planning could commence. The decision was made to conduct research with Vietnamese students studying overseas and in Vietnam to test the hypothesis that Vietnamese students immersed in cultures other than their own may have differing views and experience in relation
to YSRH than their contemporaries in Vietnam. It was thought that this approach might result in two distinct sets of data on which a cross-sample analysis could be performed. Given the location of the researcher and budgetary constraints that prohibited more extensive travel, it was decided to base the research with students studying overseas from Melbourne and the research with students studying in Vietnam from Ho Chi Minh City. The student body at RMIT Vietnam was chosen for the Vietnam-based research for two key reasons. Firstly, as a new researcher with few contacts in Vietnam, it was possible to gain permission to conduct research within this environment. Secondly, it was expected that the privileged group of students attending RMIT Vietnam would approximately match the economic status of the students studying overseas, providing a comparable group for analysis and affording examination of the ‘outer reaches’ of what content could be provided on a website of this nature (see 3.1.2.2 and 3.2.1.1 for further discussion).

As this research spanned two countries (Vietnam and Australia) and very different research and communicative environments (small group interpersonal communication and mediated online communication both in Australia and Vietnam), there was a substantial amount of planning and relationship development involved before any research could proceed.

3.1.2 Initial relationship building in order to access populations of interest

The creation and maintenance of relationships with two Vietnamese student bodies in Melbourne and Ho Chi Minh City played an integral role in the development, implementation and refinement of all research tools. A partnership with a Hanoi-based Vietnamese research organisation was also key in obtaining permission to undertake the Vietnam-based research with the blessing of the government of the Socialist Republic of Vietnam.

Making initial contact, developing a rapport and moving to collaborate with the abovementioned groups was often a time-consuming process but these relationships proved invaluable when overcoming any obstacles that were encountered. The following key relationships enabled the researcher to engage with the communities of interest:

3.1.2.1 The Melbourne Overseas Vietnamese Student Association

The Melbourne Overseas Vietnamese Student Association (MOVSA) is a pan-institutional organisation that includes but is not limited to all Vietnamese students currently studying in Melbourne (MOVSA, 2005). A highly structured and efficient organisation with more than 1,000 members, MOVSA provides advocacy, support and cultural functions, as well as a
website that includes an active discussion forum for topics ranging from study, immigration and leisure through to a wide range of social issues (including a relatively new group devoted to discussing sexual orientation) (H. T. Nguyen & Tran, 2004).

After initial meetings, MOVSA agreed to provide access to its membership base, supporting the researcher to promote the online survey and focus groups on the www.movsa.org website and website forums. MOVSA leadership also lent their personal support to the online survey – promoting it on the researcher’s behalf on other international forums for overseas Vietnamese.

3.1.2.2 RMIT International University Vietnam

RMIT International University Vietnam (RMIT Vietnam) is a branch of RMIT University. RMIT Vietnam has two campuses; one at Ho Chi Minh City (HCMC) in the south of the country and a smaller campus in the northern capital Hanoi. In early 2001, RMIT Vietnam was granted a 50-year license from the Vietnamese Ministry of Planning and Investment and began operations as the only fully foreign-owned international university in Vietnam (RMIT International University Vietnam, 2005b).

In 2005, RMIT Vietnam had nearly 1,000 enrolled students, studying preparatory and degree programs in business and information technology, including a postgraduate MBA program (RMIT International University Vietnam, 2005b). In accordance with Vietnamese government requirements, English is the sole language of instruction at RMIT Vietnam.

From a communication research perspective, the RMIT Vietnam student body forms an appealing research population. This relatively homogenous group represents the changing face of Vietnam – a nation that is prospering and developing at a startling pace. RMIT Vietnam’s student body is young, educated and accessible through a range of communication channels. Furthermore, all students are, at a minimum, bilingual in English and Vietnamese.

After a protracted process that necessitated the creation of an ‘enabling’ relationship with another organisation (see 3.1.2.3 below), permission was obtained to undertake research with the students at RMIT Vietnam. This included full access to the student body and support with participant recruitment for an online survey and discussion sessions, as well as providing premises for the researcher to work from while based in Vietnam.
3.1.2.3 The Institute for Social Development Studies

As a foreign ‘guest’ institution, RMIT Vietnam is subject to many legislative and political constraints. This results in some hesitancy when asked to collaborate on potentially controversial projects, such as one focusing on YSRH. In order to gain RMIT Vietnam management’s consent to work with the students at RMIT Vietnam it was necessary to establish an enabling relationship with a Vietnamese partner organisation that could assist with acquiring official (government) approval to collaborate with RMIT Vietnam.

The Institute for Social Development Studies (ISDS) is a Vietnamese social research institution that undertakes research, training and consultancy on key social issues of relevance to Vietnam. A non-profit, non-government organisation, the ISDS has an especial interest in issues of gender, sexuality and health (particularly sexual and reproductive health) (Institute for Social Development Studies, 2005).

As a Vietnamese organisation located in Hanoi (the seat of government in Vietnam), with well-established linkages to the government of the Socialist Republic of Vietnam, the ISDS was well placed to obtain the relevant consents for this project. After approaches by the researcher, the relationship between the ISDS and RMIT University was formalised with the signing of a Memorandum of Understanding between the two organisations in late 2004, paving the way for the RMIT Vietnam-based research to proceed.

3.1.3 Pre-fieldwork orientation trip to Vietnam

Devereux and Hoddinott (1992, in Scheyvens & Storey, 2003, p.122) advocate the practical and methodological advantages afforded by a preliminary visit to the research field. They suggest that this ‘pre-fieldwork trip’ can assist in the formulation of academic, bureaucratic and social networks and allow the researcher to ‘hit the ground running’.

Consequently, early 2005 saw a weeklong pre-fieldwork trip to Ho Chi Minh City (HCMC). This short but invaluable visit was an excellent introduction to Vietnam and provided an opportunity to meet with RMIT Vietnam staff, further develop contacts with Vietnamese reproductive health workers, acclimatise to Vietnam and better prepare for the upcoming research field trip. This trip was also necessary for the author to familiarise herself with the complex context in which the research question would be addressed. Furthermore, the week in Vietnam allowed the researcher to informally observe young people using the many internet
cafés in HCMC – gaining a deeper appreciation of the environment in which a YSRH-themed website would likely be used.

This early exposure to Vietnam directly informed the planning and design of the Vietnam-based aspects of the research (see 3.3 below) and resulted in more effective data collection.

3.2 Phase Two: Melbourne-based foundation research

3.2.1 Online survey of Vietnamese studying overseas

Phase Two of the research began in cyberspace, with an online survey of young Vietnamese studying overseas and in Vietnam (with a recruitment emphasis on those studying overseas). The survey (see Appendix 3) was designed to collect baseline data about young Vietnamese in relation to their early contraceptive use, reproductive health information sources, current internet access and existing online health information-seeking behaviours. This informed the design of the focus group series held in Melbourne (see section 3.3.2) and was a precursor to the RMIT Vietnam-based online survey (see section 3.3.1).

While there are a number of limitations associated with the use of online surveys (including difficulties with population representativeness and problems with ensuring that members of the target population are those who actually complete surveys) (Granello & Wheaton, 2003), this format was selected for a range of practical and methodological reasons. Firstly, and perhaps most importantly, it was believed that young Vietnamese participants might be more comfortable discussing issues related to sex and reproductive health online (Goodson, McCormick, & Evans, 2000; Mustanski, 2001). For many members of this group, the internet is perceived as a relatively anonymous, private setting (M. Smith, Gertz, Alvarez, & Lurie, 2000), which supports the open and candid discussion of traditionally sensitive topics (Mann & Stewart, 2000). It was also believed that an online survey, as a format popular with members of the predominantly ‘Generation Y’ research population, would result in a higher response rate than a print based survey (Barnikel, 2005; Goman, 2006).

Using the internet also allowed the researcher to tap into the social networks of this geographically dispersed but very socially and technologically ‘connected’ group (Binik, Mah, & Kiesler, 1999; Al Cooper, Scherer, & Mathy, 2001; Mann & Stewart, 2000; Mustanski, 2001).

Survey topics were chosen and sequenced in order to gain a logical overview of existing
reproductive health information-seeking behaviours, as firmly situated within the context of internet access and usage. It was intended that this information could then be viewed in light of participants’ reported experiences of sexual debut and associated reproductive health behaviours.

The survey questions and format were developed after extensive consultation and collaboration with colleagues working in aligned fields, with advisors from the Institute for Social Development Studies in Hanoi and with members of the Melbourne Overseas Vietnamese Students Association. As the survey was in English, all questions were screened for cultural appropriateness and terminology was thoroughly checked by bilingual Vietnamese to ensure that meaning would not get ‘lost in translation’.

All sections of the survey were given clear, unambiguous titles so as not to surprise participants with questions on unexpected topics. There was a mix of closed and open-ended questions, with several opportunities provided for participants to expand on their responses.

While there were 30 questions in total, use of computerised ‘skip logic’ (that eliminates irrelevant subsequent questions according to participants’ responses) ensured that most respondents took a much shorter path through the survey. This served a number of purposes; simplifying the survey completion process, minimising participant fatigue (Malhotra, Hall, Shaw, & Oppenheim, 2004) and reducing the risk of dropout due to unnecessary exposure to inappropriate questions (Baxter & Babbie, 2004).

The survey comprised a brief introduction and the following five sections:

A. Questions about you
This section contained five close-ended demographic questions that asked participants for their sex, country of residence at the time of survey, the length of time they had been there and whether they were studying/what level they were studying at. Demographic questions that could potentially be used as identifiers were kept to a minimum, an acknowledgement of the sensitivities surrounding the survey topic, and an attempt to reduce participant drop-off in the early stages of the survey.

B. Questions about your internet access and use
Section B comprised four close-ended questions and one open-ended explanation, seeking basic information about frequency of internet use, reasons for internet use and the contexts in
which participants accessed the internet. Participants were also asked to list their favourite websites (on any topic) and to explain why they liked them. The motivations for including these questions were multiple; the questions relating to frequency of use and reasons for use aimed to gain insight into the potential for a YSRH-themed website to tap into existing patterns of internet usage. They also sought to understand the extent to which the internet was already integrated with participants’ lives. The question relating to location of internet use aimed to establish whether participants were accessing the internet in public or private spaces, a consideration that would have a substantial impact on the design of a YSRH-themed website. The last questions in this section were included in order to understand the attributes of popular websites (on any topic) for this demographic, providing insight into what attributes (visual appearance, content, features, accessibility etc) were considered important in general.

C. Questions about sexual intercourse

It was anticipated that the questions that directly related to sexual initiation might cause some respondents to exit from the survey if repeatedly questioned but the use of skip logic allowed this risk to be minimised. The first question in this section (‘Have you ever had sexual intercourse?’) acted as a screening question. Participants who answered “no” were skipped straight to the next, less personal, section (Section D). Participants who answered “yes” were asked close-ended questions about their age of sexual debut, how they learnt about sex prior to sexual debut, whether they or a partner used contraception at sexual debut and whether they felt they knew enough about sex prior to sexual debut. These questions aimed to establish a benchmark in relation to the population under investigation, assessing whether existing YSRH communication was translating to safer sexual health practices or a sense of ‘preparedness’ for sexual debut. The age of sexual debut question was included as part of this benchmarking, as well as to replicate other studies that suggested the age of sexual debut in Vietnam was one of the highest in the world (Durex, 2005).

D. If you were making a website ...

Section D included four close-ended questions and one open-ended response that asked participants for their recommendations about what a YSRH-themed website should focus on, its functionality and overall tone. As part of this, questions addressed the ideal type of illustrations for the site and asked participants if the site should be formal or informal. The open-ended response asked for additional feedback that might assist with the development of a YSRH-themed website. In addition to their informational/utility value, several of the questions in Sections A, B and D were chosen for their parallels with the online survey incorporated in the www.burstingthebubble.com evaluation (Shrimpton & McKenzie, 2005). Section D, in
particular, was used to inform the design of the subsequent discussion groups in both Melbourne and HCMC.

E. Your use of health information on the internet
Section E contained nine questions (seven close-ended and two open-ended) that asked participants about their use of health information on the internet. As this was by far the longest section, it was placed at the end of the survey, to ensure that the most important information was captured in the earlier sections. This section also utilised skip logic at three points, skipping participants to the end of the survey if they answered ‘no’ to three screening questions. Section E began by asking participants if they had ever used the internet to access information about health (generally) and sexual health (more specifically). If they had, they were probed for more detail about the types of information sought. Participants were also asked if they had searched for sexual health information in Vietnamese rather than English. If they answered in the affirmative, participants were asked to identify approximately how many relevant sites they had found, and to comment on whether the best site found met their needs. Participants were also asked for the urls of the any YSRH-related Vietnamese sites that they could recall.

Invitations to participate in the survey were posted on three online forums for Vietnamese students. As the researcher was not a member of these forums, the invitations were posted in both Vietnamese and English by the President of MOVSA.

All participants had to be 18 years of age or older. Respondents were advised of this age restriction in the survey introduction and the first question (“What year were you born?”) acted as a screening question for the whole survey. Respondents that indicated they were under 18 years of age were thanked for their time and exited from the survey.

Data were collected over a period of two weeks. The survey was designed using an established and respected commercial online survey hosting service (www.surveymonkey.com). This service was used as it afforded greater control over the survey format and response mechanisms, offering more functionality than would have been possible if the survey was designed by the researcher or a contractor within the available time and budgetary constraints. All responses were completely anonymous – the option to track respondents’ IP addresses was intentionally disabled. The survey was also set to allow one response per respondent but if participants chose to return to the survey at a later date they were able to edit their answers. All questions were optional and respondents could exit the survey at any time.
An interesting, and unexpected, feature of the data collection method was that survey participants chose to use the online forum discussion threads (that the survey invitation was posted to) to comment on the survey itself; critiquing the survey design, commenting on the issues it raised and communicating directly with the researcher. This proved invaluable, allowing refinement of subsequent research instruments (see sections 3.2.2, 3.3.1 and 3.3.2).

### 3.2.1.1 Participants and sample selection

As many researchers observed in the early days of the online boom in countries such as the United States of America, the use of the internet for sex research generates many undeniable biases, the most obvious of which is that internet users are significantly unrepresentative of the general population (Binik, Mah, & Kiesler, 1999; Al Cooper, Scherer, & Mathy, 2001; Flowers-Coulson, Kushner, & Bankowski, 2000; M. Smith, Gertz, Alvarez, & Lurie, 2000). Early Internet users were “younger, richer, better educated, more likely to be male, and more likely to have computer and technical skills than the general population” (Binik, Mah, & Kiesler, 1999, p. 2).

Although these differences have lessened in the U.S. and other developed countries, this observation is still applicable in Vietnam today, where the growing gap between rich and poor is paralleled by the disparity between both sides of the ‘digital divide’ (Le, 2003; National Center for Social Sciences and Humanities & United Nations Development Programme, 2001; Reuters, 2003; Tipton, 2002). In the context of research into the ideal form and content of an online sexual health resource for young Vietnamese, however, this privileged group also potentially fulfils an important function – as a sort of litmus test to determine the acceptable ‘outer reaches’ of a website’s content. If this group deems topics or content to be inappropriate, it is likely that they will also be considered inappropriate by the wider population, which has had less exposure to open discussions of this nature.

The data on sexual health information-seeking and contraceptive use gathered in this survey were also likely to reflect the ‘best case scenario’ for young Vietnamese. As noted earlier, most members of the group surveyed have money, education and privilege – if these conditions do not support risk minimisation via contraceptive access and use it is unlikely that other, less privileged conditions will.
The profile of participants is contained in Table 1. All participants were students at the time of survey.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male Count</th>
<th>Female Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>over 35</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>31 to 35</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>26 to 30</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>21 to 25</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Under 21</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>47</strong></td>
<td><strong>52</strong></td>
</tr>
<tr>
<td>Country of residence at time of survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Vietnam</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Other location</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>

* The data in this table are only where complete responses were available for analysis. There were 137 responses overall.

### 3.2.2 Mini focus groups with Vietnamese students studying in Melbourne

A key question in the preliminary online survey (see 3.2.1 above) asked participants to nominate the Vietnamese-language websites that they accessed, or had accessed, in order to learn about sexual health. One website in particular emerged from the responses and this, along with four other prominent English-language YSRH-themed websites (one each from Australia, Canada, the U.S. and the U.K), formed the stimulus material for two ‘mini focus group’ sessions (Litosseliti, 2003). These sessions were designed to explore the issues that emerged from the survey data in more depth, focussing on obtaining a deeper understanding of the aspects of reproductive health information-seeking behaviour that the predominantly quantitative survey design could not provide (Baxter & Babbie, 2004; Krueger, 1990).

The sessions (one for males and one for females) were held in a small computer lab at RMIT University in Melbourne. Each session took just under two hours. Both were held in the early evening during the Easter break. Participants spent the first hour at individual computers, reviewing and critiquing the five stimulus websites and recording their impressions on a short questionnaire (see Appendix 5). The second hour involved a focus group discussion that probed participants’ views on the reviewed websites, explored their perceptions of existing offline sexual health information sources and asked for recommendations about what an ideal YSRH-education online resource for young Vietnamese should include. Issues of tone, illustration,
content, design, features and language were all discussed, with particular attention paid to establishing what topics should not be included (see Appendix 6).

Although online focus groups are becoming increasingly popular and may appear to be appropriate for this topic, it was felt that there would be more value from the traditional face-to-face format – encouraging richer description (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998) and avoiding the uncertainties and misunderstandings that can arise from decontextualised online communication (Litoselliti, 2003). Online focus groups also generate a record of the discussion that potentially could have been reappropriated or distributed by participants, compromising confidentiality.

Given the many sensitivities surrounding the topic under discussion, both groups were kept small to ensure that participants felt comfortable enough to speak openly (Krueger, 1990; Litoselliti, 2003). For the same reason, sessions were audio taped but not videoed. A Vietnamese co-facilitator assisted in the planning and facilitation of both sessions.

3.2.2.1 Participants and sample selection

Focus group recruitment was conducted via a range of media, including an online advertisement on the MOVSA website (www.movsa.org), a notice in the RMIT University student e-newsletter and posters in a range of locations around Melbourne, including two suburbs with significant numbers of immigrant Vietnamese. Advertisements invited Vietnamese over the age of 18 who had lived in Vietnam for at least part of their lives to attend the discussion sessions.

The profile of participants is contained in Table 2. All but one participant was undertaking study at the time of the focus groups.

Table 2. Profile of mini focus group participants

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women’s group</strong></td>
<td></td>
</tr>
<tr>
<td>Female A</td>
<td>27</td>
</tr>
<tr>
<td>Female B</td>
<td>23</td>
</tr>
<tr>
<td><strong>Men’s group</strong></td>
<td></td>
</tr>
<tr>
<td>Male A</td>
<td>21</td>
</tr>
<tr>
<td>Male B</td>
<td>26</td>
</tr>
<tr>
<td>Male C</td>
<td>21</td>
</tr>
<tr>
<td>Male D</td>
<td>36</td>
</tr>
<tr>
<td>Male E</td>
<td>31</td>
</tr>
</tbody>
</table>
Although both telephone and email contact details were supplied on the recruitment advertisements, responses were exclusively via email, which created an unanticipated hiccup in the organisation process. The researcher had expected problems identifying the sex of participants (in order to allocate them to the correct session), owing to unfamiliarity with Vietnamese names, but even the researcher’s Vietnamese advisors were unable to determine sex in many cases, necessitating further communication to establish which group participants should go into. This was because written Vietnamese is heavily dependent on Vietnamese font to represent the tones that confer meaning – a font that does not display correctly in most email programs (a timely lesson for future research recruitment efforts with this group).

Even though the researcher consciously over-recruited to compensate for anticipated ‘no-shows’ (Krueger, 1990), attendance at the women’s group was much lower than hoped – with only two participants attending. Despite this low turnout the session was exceptionally animated, with the two women engaging in an hour-long discussion with very few inhibitions. Attendance at the men’s group was higher, with five men participating. This session was also very animated.

3.3 Phase Three: Ho Chi Minh City-based research

In late June 2005 the researcher travelled to Ho Chi Minh City (HCMC), Vietnam to spend three months working with the students at RMIT Vietnam. The first part of this time was spent verifying and comparing the findings of the Melbourne-based research, thoroughly exploring the problem in its context.

The HCMC-based phase of the project got underway very quickly and proceeded relatively smoothly, largely thanks to the many months previous spent communicating via email and online instant messaging with sources at all levels of RMIT Vietnam. These contacts included senior management, administrators, student services staff, academics and four Bachelor of Information Technology and Multimedia students who were assisting with the research as part of their internship program. This prior contact afforded greater understanding of the organisational culture and power structures at RMIT Vietnam, and allowed the researcher to develop relationships that would facilitate the research process.
3.3.1 Online survey of students studying at RMIT International University Vietnam

An online survey, based on (and incorporating learnings from) the initial survey outlined in 3.2.1, was prepared for the RMIT Vietnam student body (see Appendix 3 for full survey instrument). A preliminary question at the survey’s start also asked students whether they would prefer single or mixed sex sessions in the upcoming discussion groups (see 3.3.2 below).

An online survey was selected for this group for two simple but important reasons: all students could be easily contacted via their student email addresses; and their responses would be guaranteed anonymity.

3.3.1.1 Participants and sample selection

The invitation to participate was sent to the student email address of every enrolled student at RMIT Vietnam (Hanoi and HCMC campuses). This target population was chosen for a number of reasons above and beyond convenience; as a discrete and relatively homogenous group the population is reasonably representative of the target users for this website – especially at this early stage of the internet’s development in Vietnam. In the semester that this survey was conducted there were 924 students enrolled at RMIT Vietnam – 804 at the HCMC campus and 122 at the Hanoi campus. The sex ratio for students in this semester was exactly 50:50 male: female (Paris, 2005).

It was also believed that response rates to this survey would give some indication of the group’s interest in the topic – and, by extension, an indication of the level of interest in the concept of a YSRH-themed website overall. As with the target population from the first survey (see 3.2.1 above), it was also believed that this group, with above average income and education\(^{13}\), would give a fair indication of the ‘outer limits’ of acceptable content in the Vietnamese context. Lastly, but by no means as an afterthought, this population was chosen because it was accessible and static for the duration of the semester-long project and could be reaccessed as needed.

The survey ran for 10 days. Out of a possible total of 924 enrolled students, the survey garnered 234 responses – a higher than expected response rate of 25.32 per cent. The survey was

\(^{13}\) Financially speaking, students at RMIT Vietnam are members of Vietnam’s young elite. Starting at $1200 U.S. (RMIT International University Vietnam, 2005a), one semester’s tuition fees are more than double the average annual Vietnamese GDP per capita (United Nations Development Programme, 2005).
designed to allow one response per student but if participants chose to return to the survey at a later date they were able to edit their answers. A number of students were out of Vietnam on study exchanges at the time so participants were asked to identify the country that they were resident in when completing the survey.

The profile of participants is contained in Table 3. All participants were enrolled at RMIT International University Vietnam at the time of survey.

**Table 3. Profile of participants in online survey of Vietnamese studying at RMIT International University Vietnam**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male Count</th>
<th>Female Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>over 35</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>31 to 35</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>105</strong></td>
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<thead>
<tr>
<th>Country of residence at time of survey</th>
<th>Male Count</th>
<th>Female Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Australia</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Canada</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Germany</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>United States of America</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Vietnam</td>
<td>74</td>
<td>96</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>

* The data in this table are only where complete responses were available for analysis. There were 234 responses overall.

3.3.2 Group discussions with students studying at RMIT International University Vietnam

Soon after the online survey was completed, another email invitation was sent to all students at the RMIT Vietnam HCMC campus, inviting them to attend one of three informal discussion sessions. Following a split response from students in the online survey about whether the sessions should be mixed or single sex, it was decided that three sessions would be run; one mixed sex, one for females only and one for males only.
The sessions began with students viewing and critiquing the two existing Vietnamese-language YSRH-themed websites; www.tamsubantre.org and www.gioitinhthuoiteen.org.vn, as a group. A more general discussion about the ideal tone and content of the website that they would develop followed – in a similar vein to the discussion sessions described in 2.2 above. These discussions were approximately 45 minutes in length. Due to organisational constraints, these sessions were held during university hours, were ‘branded’ as a RMIT Vietnam event and had a larger attendance than the Melbourne focus groups. Whether because of these changes, the larger numbers of participants or more ingrained socio-cultural restraints, the group dynamic was very different to that of the Melbourne sessions (where participants had very few inhibitions) but was still very positive.

The discussion sessions were organised with the support of the RMIT Vietnam student counsellor, who also arranged a short presentation at the end of the sessions by the country manager for Durex condoms – a female Vietnamese M.D who discussed the basics of barrier contraception, handed out free samples and demonstrated how to put on a male condom. Bachelor of Information Technology and Multimedia students who had volunteered to assist with the research as part of the internship component of their degree studies (students were offered a range of organisations and projects to work with for their internships and four elected to work on this project) also assisted with the design of the session, ensuring appropriateness when discussing a culturally and socially sensitive topic in a group situation.

3.3.2.1 Participants and sample selection

Recruitment for the discussion sessions was done solely via email invitation (with follow-up reminder). Students were not required to pre-register beforehand (as it was thought that this might inhibit willingness to participate) but were asked to complete a brief survey at the beginning of the session to ensure that they fitted the participant profile. The oldest participant was born in 1982, with the youngest born in 1987. All participants were enrolled at RMIT International University Vietnam at the time of the discussion groups.

The profile of participants is contained in Table 4.

<table>
<thead>
<tr>
<th>Session</th>
<th>Sex</th>
<th># participants</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Mixed sex</td>
<td>12</td>
<td>eight female, four male</td>
</tr>
<tr>
<td>Session 2</td>
<td>Men</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Session 3</td>
<td>Women</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
3.4 Phase Four: Data analysis and interpretation

As the research was carried in distinct, sequential phases, data analysis and interpretation was a continuous process throughout the research. This ongoing analysis resulted in an evolutionary research design that allowed the researcher to respond to and incorporate learnings and findings from the early research phases into the subsequent phases (Baxter & Babbie, 2004). The process of analysis, reflection and integration is discussed in the following sections.

3.4.1 Analysis and interpretation of data resulting from Phase Two survey and focus groups

Quantitative data resulting from the online survey with Vietnamese students studying overseas were analysed using SPSS (Statistical Package for the Social Sciences) software. Qualitative data from the surveys and mini focus groups were analysed using Baxter and Babbie’s (2004) seven-step coding process (determining questions, unitising textual data, developing coding categories, plugging holes, checking, finding exemplars and integrating coding categories). The results of this analysis directly informed the development of the subsequent discussion groups and confirmed that value of repeating the survey with students at RMIT International University Vietnam.

3.4.2 Analysis and interpretation of data resulting from Phase Three survey and discussion groups

Quantitative data resulting from the online survey conducted with students of RMIT International University Vietnam were analysed using SPSS software. Qualitative data from the surveys and discussion groups were analysed using Baxter and Babbie’s (2004) seven-step coding process. The results of this analysis are discussed in the following chapter.

Figure 3 (overleaf) provides a visual representation of the overall methodological process contained within this thesis.
Figure 3. Visual representation of the research process
4. Findings and Discussion

This chapter presents the results of the two online surveys conducted from Melbourne and Ho Chi Minh City. ‘Vietnam-based survey’ refers to the online survey conducted with the RMIT Vietnam student population, and ‘Melbourne-based survey’ refers to the online survey conducted from Melbourne with Vietnamese students studying overseas and in Vietnam. Where possible, data is presented with exemplars and supporting quotes from the Melbourne-based mini focus groups, Ho Chi Minh City-based discussion sessions and open-ended comment sections of the online surveys.

The Melbourne-based survey contained 137 responses, with the Vietnam-based survey generating 234. Analysis of both response sets showed high levels of homogeneity between both samples, with t tests returning few marginal differences of statistical significance (see Appendix 7). This preliminary finding suggests the hypothesis that Vietnamese students immersed in cultures other than their own would have differing views and experience in relation to YSRH than their contemporaries in Vietnam (see section 3.1.1) did not have support in this situation. It also lends support to the argument (discussed earlier in The problem in its context) that the media consumption attributes of Generation Y may be equally applicable to the young Vietnamese with whom this research was conducted. As a result of this homogeneity, results will be reported collectively, unless otherwise appropriate. Consequently, the total sample that will be discussed in this section comprises 371 responses.

Results are also contrasted, when possible, with international data on comparable themes. A key source of comparison is the youth-focused annual Durex Global Sex Survey, now in its ninth year with more than 317,000 respondents across 41 countries participating in the 2005 survey (Durex, 2005). As Durex Global Sex Survey participants are self-selecting respondents in an anonymous online survey on reproductive health, it is believed that they can provide a good point of comparison for the results of this Vietnam-focused research.

Another important comparative source, in relation to internet access and use, is the data from the Pew Internet and American Life Project, an ongoing project that explores the impact of the internet on “families, communities, work and home, daily life, education, health care, and civic and political life” (Pew Internet and American Life Project, 2005). Data from Pew’s rigorous mixed-methodology research has resulted in a comprehensive and evolving overview of the online habits of a country that has long been at the forefront of internet growth. By extension, the Pew data provides a useful point of comparison for the findings of
this research – especially with reference to the speed at which the Vietnamese sample population has ‘made up for lost time’ with their internet usage patterns.

4.1 Sample characteristics

Although all survey participants were Vietnamese nationals within the sphere of higher education their demographic characteristics varied. To facilitate comparison between the two samples, and possible comparison to other populations, the key characteristics of participants are presented below.

4.1.1 Age

The age range for respondents began at 18 and extended to those born before 1970 (upwards of 35 years of age). The majority of respondents, however, were in their early to mid-twenties, with a mean age of 24 years for the Melbourne-based survey, 21 years for the Vietnam-based survey and an overall mean age of 22 years (Table 5). It should be noted that, while the older outliers do not fit the definition of youth as specified in the notes on terminology (see Appendix 2), participants in the surveys were self-selecting and self-identified as ‘young Vietnamese’. On this basis, and in order to maintain the integrity of the results, the data has been reported with these outliers included; findings should be considered with this in mind.

Table 5. Age of participants

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>S1 Melbourne n= 123</th>
<th>S2 Vietnam n= 201</th>
<th>Total sample n= 342</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>24.0</td>
<td>21.0</td>
<td>21.0</td>
</tr>
<tr>
<td>Mean</td>
<td>24.9</td>
<td>21.6</td>
<td>22.8</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>3.5</td>
<td>2.6</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Respondents in the Melbourne-based survey had a wider age spread, which may reflect the fact that many Vietnamese studying at tertiary level overseas have already completed an undergraduate degree in Vietnam. The Vietnam-based survey showed a more typical university-age distribution, with all but eight of the respondents born in the 1980s.

4.1.2 Sex

The ratio of males to females who completed the surveys was striking for its balance (Table 6). In both the Melbourne-based survey and Vietnam-based survey, only slightly more females
than males participated, with females respectively comprising 52.5 per cent and 53.7 per cent of all respondents.

Table 6. Sex of participants

<table>
<thead>
<tr>
<th>Sex (per cent)</th>
<th>S1 Melbourne n= 101</th>
<th>S2 Vietnam n= 219</th>
<th>Total sample n= 320</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47.5</td>
<td>46.3</td>
<td>46.7</td>
</tr>
<tr>
<td>Female</td>
<td>52.5</td>
<td>53.7</td>
<td>53.3</td>
</tr>
</tbody>
</table>

4.1.3 Education levels

As a group, respondents to the Melbourne-based and Vietnam-based surveys possessed much higher levels of educational attainment than most people in Vietnam (Asian Development Bank, 2003), with most of the Melbourne-based group and all of the Vietnam-based group currently engaged in post-secondary education. This is not surprising given that survey recruitment focused on university populations but it also highlights the privileged status of this group, in a country that has achieved near-universal levels of primary school education but which is still some way off universal secondary schooling (Asian Development Bank, 2003; The Communist Party of Vietnam, 2005).

---

4.2 Internet use

Understanding the key features of participants’ internet use was also important in order to gain a sense of the environment in which a reproductive health-themed website might be accessed. Survey respondents were asked to provide information about the frequency and location of their internet use, as well as their reasons for visiting internet websites.

4.2.1 Frequency of internet use

Survey respondents reported high levels of internet access and use (Figure 4), with a significant majority of both groups (88 per cent for the Melbourne-based sample and 79.8 per cent for the Vietnam-based sample – 82.7 per cent collectively) accessing the internet on a daily basis for some purpose other than email\textsuperscript{15}. Only five respondents (all from the Vietnam-based survey - 1.8 per cent of the total surveyed) indicated that they did not use the internet regularly (less than one to two times a week).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure_4.png}
\caption{Frequency of internet use}
\end{figure}

4.2.2 Location of internet access

Both groups nominated a personal or home computer as their key access point for internet use, with learning institution computers and workplace computers also rating highly (respectively ranked two and three for the Vietnam-based sample, and three and two for the Melbourne-based sample) (Table 7). In both surveys, computers at internet cafés were cited as the fourth most common internet access point, a surprising finding for the Vietnam-based respondents as the bulk of internet access for young people in Vietnam is currently via internet cafés (OpenNet\textsuperscript{15}).

\textsuperscript{15} It is also important to acknowledge, however, that respondents to an online survey are more likely to be regular internet users with a higher level of comfort in an online environment (Binik, Mah, & Kiesler, 1999; Ross, Daneback, Mansson, Tikkanen, & Cooper, 2003).
Initiative, 2006; L. D. T. Tran, 2005). This, presumably, can be seen as another indicator of this group’s privileged position in Vietnam.

Table 7. Location of internet access

<table>
<thead>
<tr>
<th>Location of internet use (per cent)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/home computer</td>
<td>42.4</td>
<td>40.2</td>
<td>40.9</td>
</tr>
<tr>
<td>Learning institution</td>
<td>16.9</td>
<td>31.2</td>
<td>26.8</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>2.3</td>
<td>4.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Internet cafés</td>
<td>9.3</td>
<td>8.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Workplace</td>
<td>29.1</td>
<td>15.2</td>
<td>19.5</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

With respect to the development of a reproductive health education website, this finding is also significant, as, even with this advantaged group, much internet access still takes place in a ‘public’ space – whether a communal computer lab at a university, an internet café or a workplace computer. That said, these spaces, especially internet cafés and computer labs where young people are surrounded by peers, are often considered more private or anonymous than the western notion of ‘private’ space within the home (living and sleeping quarters in Vietnamese households are typically communal areas) (Lee, 1999). This has obvious implications for the level of comfort that a young person might have when accessing a reproductive health-themed website from any one of these locations.

4.2.3 Reasons for internet use

As could be expected, respondents visited internet websites for a range of reasons (Table 8). Information search unrelated to study (including news websites) was the most often-cited reason, closely followed by education-related research and communication/discussion with family, friends and peers. Online leisure activities such as online video games and peer-to-peer downloading of films, music and software were also very popular. Online shopping was not a common response, which could be attributed to a range of reasons, not least of all that Vietnam has very low levels of credit card ownership (Manh, 2005) and a postal service not conducive to reliable delivery of goods purchased online (Yanagihara & Ray, 2005).
Table 8. Reasons for internet use

<table>
<thead>
<tr>
<th>Type of information sought (per cent)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study</td>
<td>19.0</td>
<td>20.8</td>
<td>20.1</td>
</tr>
<tr>
<td>General info search</td>
<td>26.9</td>
<td>29.6</td>
<td>28.6</td>
</tr>
<tr>
<td>Communication</td>
<td>32.5</td>
<td>23.3</td>
<td>26.7</td>
</tr>
<tr>
<td>Leisure</td>
<td>13.1</td>
<td>16.8</td>
<td>15.4</td>
</tr>
<tr>
<td>Adult sites</td>
<td>3.9</td>
<td>5.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>4.6</td>
<td>4.0</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Of particular note, however, was the number of respondents who nominated visiting adult websites as a reason for internet use. Eighteen respondents in the Melbourne-based survey and 44 from the Vietnam-based survey selected this choice, a surprisingly high level of self-disclosure for citizens of a country with strong sexual taboos and a much-publicised and policed ‘social evils’ policy that explicitly includes pornography (Coalition Against Trafficking in Women, 2006; Office of the United Nations Commissioner for Human Rights, 2005). This also lends some credence to the growing body of literature that suggests that the perceived confidentiality afforded by anonymous online surveys can lead to greater personal disclosure (and, by extension, potentially lower social desirability distortion), than that elicited by other modes of survey administration (Binik, Mah, & Kiesler, 1999; Mann & Stewart, 2000; Mustanski, 2001).
4.3 Using the internet for health information

In order to establish whether the internet was perceived as a current source of reproductive health information, respondents were asked a funnel sequence of questions that began generally and became progressively more specific and targeted (Baxter & Babbie, 2004). These questions (see items 6 and 7 in Appendix 3) asked participants about current use of the internet for health information, and the types of information being sought, as well as whether the resulting information met their needs.

4.3.1 Searching for health information (generally)

The first question asked respondents whether they had ever used the internet to access information about health or health problems of any sort (Table 9). Seventy-three per cent (81.5 per cent of the Melbourne-based sample and 68.9 per cent of the Vietnam-based sample) responded that they had, only slightly lower than the 77 per cent of U.S. internet users aged between 18-29 years that have searched online for information on at least one major health topic (Fox, 2005).

Table 9. Using the internet as a source of health information

<table>
<thead>
<tr>
<th>Internet as a source of health information (per cent)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>18.5</td>
<td>31.1</td>
<td>26.6</td>
</tr>
<tr>
<td>Yes</td>
<td>81.5</td>
<td>68.9</td>
<td>73.4</td>
</tr>
</tbody>
</table>

4.3.2 Searching for sexual health information – English

More specifically, respondents were asked if they had ever searched online for information on sexual health, including sexually transmitted infections, safer sex and contraception. One hundred and seventeen respondents answered yes to this question, 46.8 per cent of all surveyed (Table 10).

Table 10. Using the internet for specific information on sexual health, safer sex and contraception (in English)

<table>
<thead>
<tr>
<th>Internet as a source of sex-related Information - English (per cent)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>51.7</td>
<td>54</td>
<td>53.2</td>
</tr>
<tr>
<td>Yes</td>
<td>48.3</td>
<td>46</td>
<td>46.8</td>
</tr>
</tbody>
</table>
This is a remarkably high rate when compared to the Pew Internet and American Life Project’s finding that 15 per cent of U.S. internet users between 18 and 29 years of age have ever searched online for information about sexual health (Fox, 2005). Even though the internet became available and gained popularity in Vietnam much later than in the United States, it appears that the young Vietnamese surveyed have fast realised its value (and potential benefits over other media) for reproductive health information.

### 4.3.3 Searching for sexual health information – Vietnamese

Although 117 people had searched online in English for sexual health information only two-thirds of this group (78 respondents or 66.7 per cent) had searched for sexual health information in Vietnamese (Table 11).

<table>
<thead>
<tr>
<th>Internet as a source of sex-related information - Vietnamese (per cent)</th>
<th>S1 Melbourne n=42</th>
<th>S2 Vietnam n= 75</th>
<th>Total sample n= 117</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>19</td>
<td>41.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Yes</td>
<td>81</td>
<td>58.7</td>
<td>66.7</td>
</tr>
</tbody>
</table>

Given that Vietnamese is the first language for the vast majority of this group this is an interesting finding, one which may reflect the perceived level of information available online about this topic from a Vietnamese perspective (Hong, 2005), the perceived desirability of Vietnamese-language reproductive health information (WHO, 2005) (H. T. Khuat, 2003) and/or the continued dominance of English as the language of the internet and internet search engines. Another possible explanation for this apparent bias towards English search terms is that Vietnamese font has not yet been standardised. There are presently a number of software programs and systems for entering written Vietnamese on a computer, not all of which are compatible with search engines. The inconvenience associated with this may be another factor influencing the online search decisions of young Vietnamese.
4.3.4 Online information sought – English

Participants who indicated that they had sought out online health and/or sexual health information in English were then probed for more detail about the topics they were searching for. Respondents were offered a range of options to select from, as well as an open-ended ‘other’ category.

4.3.4.1 Health-related topics searched for online – English

Of those who had ever searched online for health information (see 4.3.1 above) the topics of interest were fairly typical for this younger demographic (Table 12). Love, relationships, sexuality and sexual orientation featured prominently in searches, with 28 per cent of the total sample having searched for these topics at some point. Sexual health and physiology (including physical changes at puberty) were also relatively popular, being nominated by 16.5 per cent of respondents.

Concerns equally appropriate to a university-age sample followed, with skin problems and beauty tips at 14.2 per cent, exercise and diet at 13.7 per cent, mental health (including stress management) at 12.2 per cent and tobacco, alcohol and other drugs at 5.9 per cent. This last result is a little lower than perhaps might be anticipated – in comparison, for example, with the Pew Internet and American Life Project’s finding that 13 per cent of U.S. internet users between 18 and 29 years of age have ever searched online for information about drugs and alcohol (Fox, 2005). The low online search rate for this topic could be explained by many factors, such as perceived risks associated with searching for this information in a country with high levels of internet activity surveillance (Reporters sans frontieres, 2005b), a lack of interest in the topic/s, availability of other information sources or other culture-specific factors that could not be identified by this study.

Table 12. Health-related online searches

<table>
<thead>
<tr>
<th>Health-related topics searched for online (per cent)</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships/love/sexuality/sexual orientation</td>
<td>28.0</td>
</tr>
<tr>
<td>Sexual health/Physiology</td>
<td>16.5</td>
</tr>
<tr>
<td>Skin problems/beauty tips</td>
<td>14.2</td>
</tr>
<tr>
<td>Exercise/diet</td>
<td>13.7</td>
</tr>
<tr>
<td>Mental health</td>
<td>12.2</td>
</tr>
<tr>
<td>Tobacco/alcohol/other drugs</td>
<td>5.9</td>
</tr>
<tr>
<td>Chronic illness/Vision or hearing impairment</td>
<td>5.9</td>
</tr>
<tr>
<td>Alternative medicine</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>
4.3.4.2 Reproductive health-related topics searched for online – English

Respondents who indicated that they had ever searched online in English for information on sexual health, including sexually transmitted infections, safer sex and contraception (see 4.3.2 above) were asked to provide further detail about the topics they were searching for (Table 13).

Table 13. Reproductive health information sought online

<table>
<thead>
<tr>
<th>Reproductive health topics searched for online (per cent)</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIs</td>
<td>20.8</td>
</tr>
<tr>
<td>Love and relationships</td>
<td>11.8</td>
</tr>
<tr>
<td>Information about our bodies</td>
<td>11.5</td>
</tr>
<tr>
<td>Sexual intercourse or foreplay</td>
<td>11.3</td>
</tr>
<tr>
<td>Contraception</td>
<td>10.7</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>10.4</td>
</tr>
<tr>
<td>HIV/AIDS (specifically)</td>
<td>9.5</td>
</tr>
<tr>
<td>Masturbation</td>
<td>7.5</td>
</tr>
<tr>
<td>Puberty</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Sexually transmitted infections (20.8 per cent of the total sample) featured strongly, an issue that is perhaps especially pressing before sexual debut or after unprotected sexual intercourse. HIV and AIDS have also been the subject of much publicity in Vietnam, albeit on a reasonably superficial level, so it is not surprising that specific searches for HIV and AIDS-related information were also relatively common (9.5 per cent).

It is heartening to note that almost as many respondents searched for information about contraception (10.7 per cent) as did for information about sexual intercourse or foreplay itself (11.3 per cent). Sexual orientation was also a popular search topic at 10.4 per cent of the total sample, confirming the internet’s status as an anonymous source of information that, especially in a conservative, traditional environment such as Vietnam, would have high social risk if sought elsewhere.

This finding is reinforced by the fact that searches for information about masturbation received 7.5 per cent of nominations – even higher than those seeking information about puberty (6.1 per cent). It will be interesting however, to observe whether, as the internet becomes more widespread, the incidence of young Vietnamese seeking information about puberty also increases. At 18 years and upwards, this group may well be too old to have been using the
internet as an information source at the onset of puberty (i.e. the internet simply may not have been available at the time that members of this group were going through puberty).

4.3.5 Search results – Vietnamese language sexual health information

The respondents who had searched online for reproductive health information in Vietnamese were also asked for further information about the results of their search, including the number of relevant websites found and whether the best site found met their information needs.

4.3.5.1 Vietnamese sexual health information – number of websites found

Most people who searched in Vietnamese for sexual health information were successful, at least to some degree, in their search, with only four respondents (5.1 per cent) failing to find any websites that were both in Vietnamese and specifically about sexual health (Figure 5). More respondents (30.8 per cent) found two websites that met these criteria, with a further 35.9 per cent finding between three and five sites.

Figure 5. Number of Vietnamese-language reproductive health-themed websites found when searching

With respect to reproductive health education, this is a positive sign, although it is clear that information source choice is still extremely limited due to the scarcity of available websites on the topic. It is also possible that successful searching is being assisted by word-of-mouth recommendations among peers, directing each other to websites that may be of use (two Vietnamese YSRH-themed websites, in particular, have received reasonable amounts of media coverage in the last two years).
4.3.5.2 Vietnamese sexual health information – information needs met?

Participants whose searches returned Vietnamese-language sexual health-related hits were then asked to consider the best or most relevant site that they found and indicate whether it provided the information they were looking for. Most respondents (72.1 per cent) reported that the sites found had met their information need.

A further question asked participants to elaborate on their response by explaining why the best website that they had found was useful or not useful. Thirty-six out of a possible 68 respondents completed this question, with a range of positive and negative impressions related.

Websites that were perceived positively were usually described as friendly, simple and reflecting reality. Typical comments\(^\text{16}\) included:

- “We can discuss freely about sex”
- “It’s simple and friendly”
- “People are friendly and considerate with many realistic stories”
- “This website is helpful because it provides necessary info and user-friendly”
- “This website provides information about real stories about couples who have problems with sex and sexually transmitted disease”

Websites that welcomed or supported open discussion or dialogue about sex and sexual health were mentioned positively several times, as were sites that offered an online doctor or advice-giving function. Comments to this effect included:

- “It is helpful because besides general information, it offers a chat room that anyone can register and chat with consultants who are doctors, psychologists about what he doesn't know about sex, love, psychology etc”
- “I can talk to doctor thru chatroom and ask for the doctor's advices”

\(^{16}\) N.B All quotations are reproduced verbatim, inclusive of any English expression or spelling issues.
“It improve my knowlege about sexual health, conceptional ... how to prevent yourself from getting pregant. And I you fell pregant, what should you do to ... and some advice from the online doctors ..etc”

Websites that were perceived negatively were criticised for a range of reasons, including information architecture and usability aspects as well as desired but missing features such as an online doctor service:

“Unprofesional design and explainaiton”

“There is information, but it is not well-organised. As it is a forum, not a website, most members just give advice on their personal experience. Some even exaggerate or give misleading information”

“There is not any question asking section for queries toward doctors”

Another recurrent and potentially important shortcoming related to the Vietnamese tendency to speak in very general terms about sensitive topics such as sexual and reproductive health – often erring towards more general (and less controversial) discussions of love and relationships rather than specific health-oriented discussions. Frustration with this was mentioned a number of times:

“The information is too general”

“These website just apply general information and bored design”

“It's not much details”

“People talk abt pleasure of sex but not abt health, how to keep a good culture”

“Lack of real-life information. Most information is from books”

“The website is good in general basis. However, it does not answer or satisfy readers enough”
Others expressed doubts about the reliability of the information provided, with several mentioning a desire to see evidence of source credentials:

“Not sure the information is quality or not? The way this website present info (they collect but not proved these info are from good sources (science researchers, government, Famous specialist in this field...))”

“Their information was not fully uptodated and somehow written with a little bit bias/prejudice”\(^{17}\)

Some respondents also took the time to highlight both the positive and negative aspects of varying sites. Comments about the appropriateness of the language used were also common:

“Useful for obvious reason: forum, information, personal stories, online counselling, news on sexuality/RH stuff .., Not useful: language used in the information section is too complicated, you gotta be a sexologist to know all the crazy terms.”

The foregoing issues identified by respondents provide clear direction for the future development of youth-focused reproductive health websites. The results of this research suggest that YSRH-themed websites need to provide specific, friendly and realistic information that strikes a balance between over-simplified generalisations and overly medical, jargon-filled information that young people may find unapproachable (see section 5.1.3.3 in Implications). Sites also need to contain tangible indicators of quality and reliability, with consideration given to layout, and reference made to the credentials of the organisation or individuals running the site (see section 5.1.3.7 in Implications).

\(^{17}\) This last comment contains unusually strong wording and sentiment for members of this research population. It is not typical to see inferences of bias or prejudice made in any situation.
4.4 Learning about sex

In order to contextualise respondent’s answers and subsequent recommendations, a further section in the surveys asked participants about their own sexual debut and the learning that took place before it occurred. This section opened with the screening question “Have you ever had sexual intercourse?” and utilised skip logic to take participants who responded ‘No’ to this question on to the next section, thus avoiding unnecessary exposure to irrelevant and potentially sensitive questions.

4.4.1 Sexual experience

Only slightly over half of all participants had ever had sexual intercourse, with 53.2 per cent of all respondents answering in the affirmative (Table 14). Relative to university-age peers in many western countries,¹⁸ this appears to be a fairly low proportion. Within the Vietnamese context, however, it is consistent with the higher average age of sexual debut reported by young Vietnamese (see 4.4.2 below).

Table 14. Experience of sexual intercourse

<table>
<thead>
<tr>
<th>Ever had sexual intercourse (per cent)</th>
<th>S1 Melbourne n=106</th>
<th>S2 Vietnam n=189</th>
<th>Total sample n=295</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>37.7</td>
<td>51.9</td>
<td>46.8</td>
</tr>
<tr>
<td>Yes</td>
<td>62.3</td>
<td>48.1</td>
<td>53.2</td>
</tr>
</tbody>
</table>

4.4.2 Age at sexual debut

The mean age of sexual debut reported by respondents to the Melbourne-based and Vietnam-based surveys was 19.8 years (Table 15).

Table 15. Age at sexual debut

<table>
<thead>
<tr>
<th>Age at sexual debut (years)</th>
<th>S1 Melbourne n=59</th>
<th>S2 Vietnam n=83</th>
<th>Total sample n=142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>21</td>
<td>19.08</td>
<td>19.88</td>
</tr>
<tr>
<td>Median</td>
<td>21</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>3.83</td>
<td>3.56</td>
<td>3.78</td>
</tr>
<tr>
<td>Minimum</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Maximum</td>
<td>28</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

¹⁸ For example, 80.3 per cent of 18-19 year old Swedish women surveyed reported experience of sexual intercourse (Darroch, Singh, & Frost, 2001).
This finding was consistent with the findings of the 2005 Durex Global Sex Survey, whose Vietnamese participants recorded an average age of 19.6 years for first sexual intercourse (Durex, 2005), only slightly down from the reported average of 19.8 years in the 2004 survey (Durex, 2004).

The mean age of 19.8 years reported by the participants researched in this thesis suggests that Vietnam has one of the highest average ages of sexual debut in the world (Darroch, Singh, & Frost, 2001; Durex, 2005; Rissel, Richters, Grulich, Visser, & Smith, 2003; Wellings et al., 2001). The 2005 Durex survey, for example, places the average age of sexual debut for respondents from the United Kingdom, Australia, the United States and Canada within close range of each other (United Kingdom = 16.6 years, Australia = 16.8 years, United States = 16.9 years and Canada = 17 years) (Durex, 2005). When compared to other Asian countries, however, the Vietnamese discrepancy is still apparent but not as stark. Neighbouring countries Thailand and China reported respective averages of 18 and 18.3 years, with India the only country reporting a higher age – at 19.8 years (Durex, 2005).

In many countries a higher age of sexual debut is a positive sign that better sexual health outcomes will result, as people who delay sexual debut are generally more likely to use contraception and engage in consensual intercourse (Williams & Davidson, 2004). While this may hold true in Vietnam, it appears that late sexual debut does not necessarily correlate to advanced knowledge of sexual and reproductive health, regardless of age. It is possible that the prevailing socio-cultural taboos that prevent open discussion of sex and sexuality may also be inhibiting awareness of contraception and reproductive health.

A small but unexpected discrepancy was found between the mean age of sexual debut for the Vietnam-based sample (19 years) and the Melbourne-based sample (21 years) in the results of this research. The discrepancy in itself (see Appendix 7) was not unexpected, but the fact that the Vietnam-based respondents were, on average, younger at sexual debut than their peers with more international experience was interesting to note as the reverse had been anticipated. The fact that young Vietnamese studying overseas are likely to have slightly higher socio-economic status than their Vietnam-based peers may be one possible explanation for this, as high socio-economic status often correlates positively with improved reproductive health outcomes (Williams & Davidson, 2004).
Table 16. Distribution of age at sexual debut

<table>
<thead>
<tr>
<th>Sexual debut - age distribution (years)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>12.7</td>
</tr>
<tr>
<td>16 to 18</td>
<td>9</td>
<td>26</td>
<td>35</td>
<td>24.6</td>
</tr>
<tr>
<td>19 to 21</td>
<td>17</td>
<td>31</td>
<td>48</td>
<td>33.8</td>
</tr>
<tr>
<td>22 to 24</td>
<td>15</td>
<td>11</td>
<td>26</td>
<td>18.3</td>
</tr>
<tr>
<td>25 to 27</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>7.0</td>
</tr>
<tr>
<td>28 to 30</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td>More than 30</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>83</td>
<td>142</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Although the mean age of sexual debut reported by survey respondents was 19.8 years of age, the age distribution (Table 16) is also worth noting for the relatively high proportion of respondents (12.7 per cent) whose sexual debut was at 15 years of age or less. This is of interest from a reproductive health standpoint because of the direct correlation between early sexual debut and poorer sexual and reproductive health outcomes (Williams & Davidson, 2004).

Table 17. Age at sexual debut – by sex

<table>
<thead>
<tr>
<th>Age at sexual debut (years)</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20.25</td>
<td>69</td>
<td>3.90</td>
</tr>
<tr>
<td>Female</td>
<td>19.39</td>
<td>59</td>
<td>3.62</td>
</tr>
<tr>
<td>Total</td>
<td>19.85</td>
<td>128</td>
<td>3.78</td>
</tr>
</tbody>
</table>

There were no significant differences in the age of sexual debut for men and for women (Table 17), with the mean age of debut for men at 20.2 years, slightly higher than women at 19.3 years. In the Vietnamese context, however, this represents another slight but unexpected inversion in the discrepancy, as it may have been anticipated that males would report a younger overall age at sexual debut.

Wellings et al note that there was a discernible trend in many western countries, up to and including the 1970s, where the age of sexual debut for women dropped sharply. Subsequent to the 1970s, there is evidence of stabilisation in the age of sexual debut (Wellings et al., 2001). Given the high age of debut reported in the findings of this research, it is worth considering whether this trend may surface in Vietnam, and the associated implications of this for youth sexual and reproductive health.
4.4.3 Contraceptive use at sexual debut

Respondents were also asked whether they or their partner had used any form of contraception the first time that they ever had sex. This question explicitly included all forms of contraception, including oral contraceptive pills etc, not just barrier methods such as condoms or diaphragms. It was also explicit in asking whether the respondent or a partner had used a form of contraception.

Only 50.7 per cent of respondents (72 people) answered ‘yes’ to this question (Table 18). From both family planning and overall reproductive health perspectives, this finding gives cause for concern. The remaining 49.3 per cent of respondents, who did not use any form of contraception at sexual debut, were vulnerable to unplanned pregnancy and the full range of sexually transmitted infections on their very first sexual encounter.

Table 18. Contraceptive use at sexual debut

<table>
<thead>
<tr>
<th>Contraceptive use at sexual debut (per cent)</th>
<th>S1 Melbourne (n= 61)</th>
<th>S2 Vietnam (n= 81)</th>
<th>Total sample (n= 142)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>50.8</td>
<td>48.1</td>
<td>49.3</td>
</tr>
<tr>
<td>Yes</td>
<td>49.2</td>
<td>51.9</td>
<td>50.7</td>
</tr>
</tbody>
</table>

That there is significant ‘room for improvement’ on this front is even clearer when contrasted with the comprehensive ‘Sex in Australia Survey’ of 19,307 Australians, which found that 90 per cent of men and women reported using some form of contraception in their first episode of intercourse (Williams & Davidson, 2004). Britain has similar rates, with the second National Survey of Sexual Attitudes and Lifestyles (which surveyed 11,161 British men and women) reporting that 92.6 per cent of 16-19 year old men and 90.2 per cent of 16-19 year old women surveyed used some form of contraception when they first had sexual intercourse (Wellings et al., 2001).

There is clearly potential for the rate of contraceptive use, at least at sexual debut, to be substantially increased in Vietnam. This is supported by precedents set by countries such as Australia, where contraceptive use at first intercourse has increased from less than 30 per cent of men and women in the 1950s to over 90 per cent in the 2000s (A. M. A. Smith, Rissel, Richters, Grulich, & de Visser, 2003), and Britain, where less than one in ten men and women aged 16-19 used no form of contraception at all in their sexual debut, in comparison with about 25 per cent of those aged 30-34 at the time of interview (Family Planning Association (FPA), 2003; Wellings et al., 2001).
The trend towards increased contraceptive use at sexual debut is also evident in the United States, where it increased from 43 per cent in the 1970s to 79 per cent in 1999-2002 (Alan Guttmacher Institute, 2005a). It should also be noted that this change is largely due to a significant increase – from 22 to 67 per cent – in the number of people using a male condom at sexual debut (Alan Guttmacher Institute, 2005a), a reminder that long-held attitudes about the desirability of condom use are not impervious to change.

Table 19. Contraceptive use at sexual debut – by sex

<table>
<thead>
<tr>
<th>Contraceptive use at sexual debut - by sex (per cent)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>48.6</td>
<td>51</td>
<td>49.6</td>
</tr>
<tr>
<td>Yes</td>
<td>51.4</td>
<td>49</td>
<td>50.4</td>
</tr>
</tbody>
</table>

When cross-tabulated by sex, the number of respondents who had used contraception at sexual debut was split evenly (Table 19). Of those reporting contraceptive use at sexual debut, 49.6 per cent were male and 50.4 per cent were female. This suggests that a site focusing on sexual and reproductive health should be targeting both sexes, as present levels of health protective behaviours are equally low amongst both groups.

4.4.4 Learning about sexual intercourse – information sources prior to sexual debut

Respondents who had ever had sexual intercourse were asked to recall the information sources that they had drawn on prior to their sexual debut (Table 20). Participants could nominate as many sources as needed, including an ‘I did not learn about sex before my first sexual experience’ option. An open-ended response box was also provided for the ‘Other’ category.

Table 20. Information sources prior to sexual debut

<table>
<thead>
<tr>
<th>Information sources prior to sexual debut (frequency)</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not learn about sex</td>
<td>12</td>
<td>12</td>
<td>24</td>
<td>7.5</td>
</tr>
<tr>
<td>School</td>
<td>19</td>
<td>31</td>
<td>50</td>
<td>15.5</td>
</tr>
<tr>
<td>Parents</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td>4.0</td>
</tr>
<tr>
<td>Siblings</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td>3.7</td>
</tr>
<tr>
<td>Friends</td>
<td>25</td>
<td>47</td>
<td>72</td>
<td>22.4</td>
</tr>
<tr>
<td>Newspaper/Magazines</td>
<td>62</td>
<td>94</td>
<td>156</td>
<td>48.4</td>
</tr>
<tr>
<td>Radio/TV</td>
<td>20</td>
<td>30</td>
<td>50</td>
<td>15.5</td>
</tr>
<tr>
<td>Internet</td>
<td>31</td>
<td>37</td>
<td>68</td>
<td>21.1</td>
</tr>
<tr>
<td>Books</td>
<td>39</td>
<td>29</td>
<td>68</td>
<td>21.1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>1.9</td>
</tr>
</tbody>
</table>
The most often selected information source, more than double that of the next closest option, was ‘Newspapers/magazines’. This option attracted 30.1 per cent of nominations and encapsulates the current status of reproductive health education in Vietnam – a taboo topic that is not for interpersonal discussion (Vietnam Express, 2005).

Participants in the women’s focus groups in Melbourne provided a good overview of the existing Vietnamese magazines that approach this topic:

**Women’s focus group:**

**Female B**
“Recently we have very good magazines, teen magazines, and they have like special articles specifically for about sex.”

**Female A**
“Yeah that’s right I used to read them.”

**Female B**
“Very popular magazines! All teens just love it! I love it too!”

**Interviewer**
“How would you buy a magazine like that?”

**Female B**
“They have a small stand in the street where they only sell magazines, like here in Australia.”

**Female A**
“It’s easy to buy, not like a shame or something.”

**Female B**
“No, no, it’s very easy to buy because it’s magazine about teenagers not about sex and they have one part in it and they have another part too. It’s not expensive and it’s like once a month and most of teen have one in their house.”

**Female A**
“Can you write questions to the magazine?”

**Female B**
“Yup yup, you can write questions. The problem for the magazine is sometimes when you need that information it’s in another issues, it’s in the past and you cannot have it on time...like this month they talk about men, next month they talk about boys and if you want you have to go and find.”

The concluding comment by Female B highlights the issue of availability as a significant limitation of printed materials used to provide for YSRH information. An online resource would...
circumvent this problem, providing information about topics of interest in one location that could be accessed at any time (Barak & Fisher, 2001).

Participants in the men’s focus group in Melbourne also discussed the use of magazines as a sexual information source, giving some indication that they believed the magazines were targeted at young women rather than young men:

Men’s focus group:

Male C
“Or can read in our newspapers, you know magazines, student magazines.”

Interviewer
“Yeah I’ve heard people talk about magazines that have sections with information about sex and things like that.”

[Males A, B and C reply in agreement]

Male B
“The student magazine or the woman magazines have that.”

Male C
“But men no.”

Male B
“But actually I think we have men magazine as well.”

Male C
“Do we have?”

Male B
“Yeah, that’s a monthly one. They have some small section in the back pages about these things.”

Male C
“But this one not for young people. This is more like…”

Male B
“Oh you mean for students? Ohhh…”

Male C
“This one for men in middle age or something.”

The perception by young men that magazines target women rather than men indicates another potential limitation of magazines as a universal source of YSRH information in Vietnam. Regardless of whether magazines actually target women rather than men, the perception (and possible associated tension about being seen reading a ‘women’s magazine’) may be a
sufficient barrier to prevent young men seeking information about sex, sexuality and reproductive health from this medium.

The next most frequently selected options, each with 13.9 per cent of nominations, were ‘books’, ‘friends’ and ‘the internet’. ‘Radio/television’ and ‘school-based education’ each had 9.6 per cent of nominations, 24 respondents (4.6 per cent of nominations) volunteered that they did not learn about sex before their first sexual experience, 13 (2.5 per cent) nominated ‘parents’ as an information source, and 12 (2.3 per cent) nominated ‘siblings’. An additional four respondents took the opportunity to nominate pornographic films as an information source, via the open-ended ‘other’ category.

These findings differ from countries where sexual taboos are lower and comprehensive school-based sex education programs are offered. In Britain, the National Survey of Sexual Attitudes and Lifestyles found that 27.5 per cent of 16-24 year old men and 22.4 per cent of 16-24 year old women nominated their parents as their main source of information. School-based education was the main information source for 14.1 per cent of males and 18.4 per cent of women from this same group (Wellings et al., 2001). In comparison, school-based education and learning from parents ranked poorly in the Vietnamese responses, with the only interpersonal communication in the top four rankings being ‘friends’ (a socially safe but often unreliable information source).

Excerpts from the men’s and women’s focus groups also provide some insight into the information-seeking dynamic when it comes to interpersonal communication, especially in relation to the difficulty of speaking with family members about sex and sexual health.

**Women’s focus group:**

**Interviewer**

“So what about talking to parents or teachers or brothers or sisters?”

**Female A & Female B**

“No!” [laughter]

**Female B**

“Not allowed in Vietnam, no!”

**Female A**

“My parents they live in Sweden for more than 20 years now but I haven’t been able to talk about it with them.”
Female B
“Yeah we never talk about it in family.”

Female A
“I started talking about it with my Mum when I met this guy, yeah, she started talking with me. I would never like start a conversation, like ask her about sex or something.”

Female B
“Yeah. We can talk about boyfriend, girlfriend but not about sex.”

Interviewer
“So with brothers and sisters it’s the same thing?”

Female B
“Yeah, it’s the same thing. I don’t talk about sex with my brother and sister.”

Female A
“I don’t have good relationship with my brother but I have a lot of relatives like my cousins who are the same age as mine so we used to talk to each other.”

Female B
“Yeah, usually talk with our close friends like with group of girls it’s much easier.”

Interviewer
“Okay so you talk with your friends about it?”

Female B
“Yup, friends, good friends, friends who are the same age and we know each other for a long time and we’ve got things in common. Like I have a friend, she’s very open-minded and she have sex with a lot of boyfriends and she can talk about it with us and we can learn from her! Like she’s the experienced one in our group and anytime we have problems we just ask her!”

Interviewer
“So she’s the ‘expert’?”

Female B
“Yeah a kind of expert. It’s very good!”

The value of friends as a sexual health information source was also stressed in the men’s focus group session, with participants expressing a preference for speaking with friends rather than parents or other family members about these issues, especially post-puberty:

Men’s focus group:

Interviewer
“How easy or difficult is it to talk with various types of people about sexuality and sexual health? So, for example, how easy is it to talk to your parents?”

Male C
“Very difficult with Vietnamese parents.”
Male A
“Maybe I’d say that Vietnamese young people when they have some changes in their bodies they may ask but after that period they won’t do it, because they have friends.”

[laughter]

Interviewer
“So parents aren’t necessary when you’ve got friends yeah?”

Male C
[Laughs] “Yeah.”

Male B
“It depends on, maybe it should be active from parents. Parents should be active.”

Males A and C
“Yeah.”

Interviewer
“So this is something that the parents would approach you with?”

Male B
“Yeah of course. Because yeah, sometimes it is embarrassing for people and they just keep silent. They don’t realise the problem or the serious of it, that’s why. They just think that ‘it’s ok’ or something. Yeah.”

Interviewer
“So it would have to be that your parents decided to talk to you, [voices agree] instead of you saying ‘Father, Mother can you tell me about this?’”

Male C
“I think it’s quite pretty embarrassing really, talking to our parents about that. Probably ah, because we come from different culture. You know Asians we are really shy and not really open to that kind of thing. So pretty much, we discuss but with friends but not ah, even with sisters we don’t talk about it.”

Interviewer
“Yup, well I was going to ask about brothers and sisters.”

Male C
“Yeah, we pretty much hang around with friends.”

The fact that mutual embarrassment between family members was mentioned as a barrier to communication about sex and sexual health is noteworthy. This dynamic occurs in all countries to greater and lesser extents but it appears from this research that it is especially pronounced in the Vietnamese context. A YSRH-themed website may assist in reducing this embarrassment, if, for example, parents could initiate a conversation and then direct children to the website for more, potentially sensitive, detail.
The relatively high proportion of survey respondents who had accessed the internet as an information source when learning about sex was also of interest, and of particular relevance to the problem under investigation. The same number of people nominated the internet as an information source as nominated friends and books, providing further evidence of the potential of this new and growing medium for reproductive health education. This finding also raises questions about the quality of the information that is currently available – with the internet set to play a significant role in this area the importance of providing accessible, reliable and non-threatening content is of utmost importance.

4.4.4.1 Learning about sexual intercourse – was it enough?

In response to the question, “Generally speaking, do you feel that you knew enough about sex before you first had sexual intercourse?” 50.3 per cent answered ‘Yes’, 28.7 per cent answered ‘No’ and the remaining 21 per cent indicated that they were ‘Not sure’ (Table 21).

<table>
<thead>
<tr>
<th>Sufficient sexual knowledge at sexual debut (per cent)</th>
<th>S1 Melbourne n= 61</th>
<th>S2 Vietnam n= 82</th>
<th>Total sample n= 143</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>29.5</td>
<td>38.9</td>
<td>28.7</td>
</tr>
<tr>
<td>Yes</td>
<td>55.7</td>
<td>46.3</td>
<td>50.3</td>
</tr>
<tr>
<td>Not sure</td>
<td>14.8</td>
<td>14.8</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The approximate split between ‘Yes’, ‘No’ and ‘Not sure’ responses was consistent across both Melbourne and Vietnam-based samples. There were also no substantial discrepancies between the sexes (Table 22), a finding that is a little surprising, given the dominance of traditional gender roles that could potentially impact on self-reported knowledge levels about a subjective and sensitive topic such as sexual knowledge. Fifty per cent of women and 57.1 per cent of men surveyed believed they knew enough about sex at sexual debut, with 30 per cent of women and 24.3 per cent of men indicating that they did now know enough.

<table>
<thead>
<tr>
<th>Sufficient sexual knowledge at sexual debut - by sex (per cent)</th>
<th>n=130</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>24.3</td>
<td>30.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>57.1</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td>18.6</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
4.5 Participants’ recommendations for a Vietnamese-language YSRH-themed website

As members of the prospective target audience for a Vietnamese website focusing on reproductive health, survey respondents and focus group participants were asked how they would design a website on this topic for their peers. Content, features, tone and illustration were discussed in the focus groups and covered in the ‘If you were making a website...” section of the survey.

4.5.1 Information

The first question in this section of the survey asked participants what information they would include if they were designing a website that educated Vietnam-based adolescents and youths about reproductive health (Table 23). Respondents could nominate as many options as desired or offer their own suggestions in the ‘Other’ section.

Table 23. Topics that a Vietnamese reproductive health-themed website should cover

<table>
<thead>
<tr>
<th>Topics that a Vietnamese reproductive health-themed website should cover</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual health (in general)</td>
<td>87</td>
<td>154</td>
<td>240</td>
</tr>
<tr>
<td>Sexual behaviour</td>
<td>81</td>
<td>140</td>
<td>221</td>
</tr>
<tr>
<td>HIV/AIDS (specifically)</td>
<td>81</td>
<td>140</td>
<td>221</td>
</tr>
<tr>
<td>Love</td>
<td>80</td>
<td>127</td>
<td>207</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>74</td>
<td>131</td>
<td>205</td>
</tr>
<tr>
<td>Relationships</td>
<td>77</td>
<td>123</td>
<td>200</td>
</tr>
<tr>
<td>Negotiating safer sex</td>
<td>73</td>
<td>126</td>
<td>199</td>
</tr>
<tr>
<td>STIs</td>
<td>78</td>
<td>115</td>
<td>193</td>
</tr>
<tr>
<td>Pressure to have sex</td>
<td>62</td>
<td>108</td>
<td>170</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>66</td>
<td>104</td>
<td>170</td>
</tr>
<tr>
<td>Contraception</td>
<td>66</td>
<td>84</td>
<td>150</td>
</tr>
<tr>
<td>Body changes at puberty</td>
<td>48</td>
<td>92</td>
<td>140</td>
</tr>
<tr>
<td>Drugs/alcohol and sex</td>
<td>52</td>
<td>87</td>
<td>139</td>
</tr>
<tr>
<td>Alternatives to sex</td>
<td>58</td>
<td>81</td>
<td>139</td>
</tr>
<tr>
<td>Masturbation</td>
<td>62</td>
<td>76</td>
<td>138</td>
</tr>
<tr>
<td>Menstruation</td>
<td>62</td>
<td>70</td>
<td>132</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

All topics offered scored highly (with 132 nominations or more each), something that could be attributed to any number of factors, including a genuine interest in all topics, or a form of respondent fatigue that results in less discrimination when selecting options from a long list (Malhotra, Hall, Shaw, & Oppenheim, 2004).

Generic topics such as ‘Sexual health (in general)’ and ‘Sexual behaviour’ scored highest, with 240 and 221 nominations respectively. ‘HIV/AIDS (specifically)’ was next highest, with 221
nominations, nearly 30 more than the broader topic of ‘Sexually transmitted infections’ (193 nominations). This is a minor but still interesting inversion of the topics that this group searched for themselves (see 4.3.4.2 and Table 13). That participants believed HIV/AIDS was a more important topic to provide information on than STIs (despite the fact that more of them had searched for information on STIs than HIV/AIDS), gives some indication of the level of basic awareness (and perceived threat) of HIV/AIDS. While detailed knowledge about HIV/AIDS may be lacking, general awareness of it as a ‘social problem that young people should be aware of’ is very high, possibly minimising the perceived threat of other sexually transmitted infections.

4.5.2 Features

Participants were also asked what features they believed a website on this topic should include (Table 24). ‘Real-time’ and delayed problem-solving services were ranked first and second, with 214 nominations for an ‘online doctor’ and 197 nominations for a FAQ (frequently asked questions) section.

Table 24. Desired features for a Vietnamese reproductive health-themed website

<table>
<thead>
<tr>
<th>Desired features for a Vietnamese reproductive health-themed website</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online doctor for questions</td>
<td>73</td>
<td>141</td>
<td>214</td>
</tr>
<tr>
<td>FAQs</td>
<td>72</td>
<td>125</td>
<td>197</td>
</tr>
<tr>
<td>Links to other SH websites</td>
<td>69</td>
<td>119</td>
<td>188</td>
</tr>
<tr>
<td>Discussions about pressure to have sex</td>
<td>68</td>
<td>105</td>
<td>173</td>
</tr>
<tr>
<td>Drugs/alcohol and safer sex</td>
<td>67</td>
<td>104</td>
<td>171</td>
</tr>
<tr>
<td>Stories about young people and SH</td>
<td>59</td>
<td>108</td>
<td>167</td>
</tr>
<tr>
<td>Alternatives to sexual intercourse</td>
<td>57</td>
<td>106</td>
<td>163</td>
</tr>
<tr>
<td>Fact sheets/information pages</td>
<td>62</td>
<td>99</td>
<td>161</td>
</tr>
<tr>
<td>SH-themed chat rooms</td>
<td>55</td>
<td>103</td>
<td>158</td>
</tr>
<tr>
<td>Quizzes</td>
<td>53</td>
<td>100</td>
<td>153</td>
</tr>
<tr>
<td>Sexual orientation-themed chat rooms</td>
<td>49</td>
<td>82</td>
<td>131</td>
</tr>
<tr>
<td>Cartoons about sex and SH</td>
<td>48</td>
<td>80</td>
<td>128</td>
</tr>
<tr>
<td>SH-themed video games</td>
<td>50</td>
<td>77</td>
<td>127</td>
</tr>
<tr>
<td>Competitions</td>
<td>33</td>
<td>38</td>
<td>71</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

The desirability of these two features – both of which anonymously recreate traditional advice-giving relationships and retain an interpersonal feel despite their decontextualised mode of delivery – is noteworthy. The popularity of this format, whether online or in magazines or other mediums, is well established; the Columbia University Health Promotion Program health-themed Q&A website ‘Go Ask Alice!’ has been in operation since 1993 and receives nearly 2,000 questions every week from young users (Columbia University, 2005). Closer to home, one of the existing youth reproductive health-themed websites in Vietnam
(www.tamsubantre.org) offers a counsellor-moderated question and answer service that has proven extremely popular (and which may partially account for the high number of nominations that these options received in this survey).

Links to other sexual health-themed websites were also very popular with 188 nominations – and should be heeded as a reminder to website developers that users do not necessarily expect a ‘one stop shop’. Carefully vetted links to other providers of complimentary information will often suffice.

The chance to discuss reproductive health issues amongst peers was frequently nominated. Topics such as ‘discussions about the pressure that young people face to have sex’ and ‘sexual orientation-themed chat rooms’ received 173 and 131 votes respectively. ‘Real-life stories about young people and sexual health’ was also nominated by 167 respondents, a finding that re-emphasises the importance of humanising adolescent sexual and reproductive health issues and removing barriers to open and honest discussion and learning.

4.5.3 Illustration

Respondents were divided when asked how a website of this type should be illustrated (Table 25). ‘Illustrations or drawings’ was the most popular choice (with 208 nominations) but photographs (165 nominations) and cartoons (154 nominations) were also very popular. An additional eight respondents took advantage of the ‘other category’ to request the use of animation and online videos as a form of illustration (this was not included as an option due to the existing bandwidth limitations in Vietnam that limit the use of bandwidth-intensive media formats such as flash animation and QuickTime videos when designing universally accessible websites).

<table>
<thead>
<tr>
<th>Types of illustration (frequency) multiple responses</th>
<th>S1 Melbourne</th>
<th>S2 Vietnam</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illustrations/drawings</td>
<td>78</td>
<td>130</td>
<td>208</td>
</tr>
<tr>
<td>Photographs</td>
<td>63</td>
<td>102</td>
<td>165</td>
</tr>
<tr>
<td>Cartoons</td>
<td>61</td>
<td>93</td>
<td>154</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>

The core concern of most participants was the effect that illustrative decisions would have on the overall tone of the website. The following comments from survey participants offer some
further insight into the challenges and sensitivities surrounding website illustration in this environment and the need to balance education with cultural appropriateness:

“Some pages avoid posting photos or images for illustration because of many sensitive reasons. In fact, it is very necessary to use images (I mean real images) to illustrate for instructions, because it is very easy for anyone to learn and understand clearly what the instructions mean [mean]. Therefore, sex education will work more efficiently.”

“I think the website must be careful if using "real" photos... in some cases, people will focus only in photos and forget the purposes of those images... also, if those pics aren't taken well, especial in the "Sexually transmitted infections" topic, the youth may scare of having sex when they become older…”

The foregoing discussion is an interesting one, especially in light of the recent trend towards using a combination of cartoons and photographs in leading western reproductive health-themed websites. Websites such as the U.S. ‘Sex, etc’ (www.sxetc.org), British ‘RU Thinking’ (www.ruthinking.co.uk) and MTV ‘Think’ (www.mtv.com/thinkmtv/sexual_health/) all include photographs of ‘real’ young people as illustration, role modelling relaxed attitudes towards reproductive health and sexuality. One of the existing Vietnamese websites (www.gioitinhtuoiteen.org.vn) also uses photographs on their home page, although these are mostly commissioned or stock images of Asian models. At this point in time, the likelihood of young Vietnamese being prepared to identify themselves on a site of this nature is still relatively low.

An aligned but unanticipated comment that arose repeatedly during the group discussion sessions at RMIT Vietnam also related to www.gioitinhtuoiteen.org.vn. When this website was displayed on the data projector one of the first comments made, in all three sessions, centred on the fact that the home page included a photograph of a woman of Caucasian appearance. This observation was made in the context of querying whether the site truly represented Vietnam and young Vietnamese, with scepticism expressed as to whether it did. This is an interesting observation, given that the site was developed by Vietnam’s National Committee for Population, Family and Children (with funding from KFW, the German reconstruction bank). As Park et al. note, the visual branding or ‘e-personality’ of a website, and its perception by users can be hugely influenced by illustrative decisions such as this (Park, Choi, & Kim, 2005).
4.5.4 Communication style and tone

The final questions in this section asked participants about the communication style/s they would use when developing a website that offered reproductive health information for young Vietnamese. This included an open-ended comments section, which many respondents used to offer their ideas about the most appropriate tone and overall approach to this topic.

Several participants acknowledged the tensions inherent in balancing cultural sensitivities with the need for an unambiguous, friendly and educational approach. Comments such as the following were common:

“Those websites need serious intensity but friendly and frank communication methods.”

“A topic such as sex is very sensitive under the Vietnamese culture, the issue therefore must be delivered in a way that is open and objective that make young people feel comfortable to discuss about. It must also be presented at in a way that young people can relate to in their day to day life.”

“When developing website, you should care about Vietnam's culture. Vietnameses are quite shy about sex, they think it's belonging their private.”

“I think Vietnamese students should be equipped a full knowledge about "sex". However, the website should guide them to have a right view of this topic! It must be educational!”

“Make the website more attractive and easy to understand. It's a sensitive topic so there's should be something to make people get to it. Vietnamese often shy when talk about sex in public places. For example, some humor stories or comics would help.”

Others were less equivocal in their views, advocating a more direct and friendly approach. The need to use simple, straightforward language was also mentioned repeatedly:

“Please be blunt and practical.”

“The website content should attractive (not give the rigid theories too much. Just let them know about the safety sex in friendly atmosphere. The illustrations should be
fun).”

“Give precise instructions and definition in informal language with colorful pictures, avoid using uncommon synonyms or trying to be too "academic".”

“I think this topic is serious but I can not make it so serious, because our target is young people, so we have to make it as simple and attractive.”

“Make them understand that there is no bad about having sex, just learn how to protect yourself first and leave no bad consequences after that.”

Several participants also expressed concerns about the possible repercussions of taking a direct and open approach to the discussion of reproductive health in relation to government consent and internet access control (websites deemed to be inappropriate are blocked via the Vietnamese government firewall – see section 2.4.3 in The problem in its context). These comments are an indicator of the level of government censorship (perceived and actual) in Vietnam:

“Negotiate with local Vietnamese government to keep open access to this website for every people of all ages in Vietnam. (Get rid of firewalls!).”

“This is very difficult to convinced the authorities in Vietnam. The webpage management needs to think about how to avoid third party amusements and then convince the authority their purposes of developing the webpage. Basically, I don't think it's possible now if there is no cooperation of the Ministry of Health.”
4.6 Educating the educators – looking beyond YSRH to reproductive health education for Vietnamese adults and parents

Survey respondents and focus group participants also stressed the importance of educating parents and adults. Many participants, such as those in the men’s focus group session below, expressed their belief that Vietnamese parents, as well as young people, lacked basic reproductive health knowledge and felt embarrassed about discussing sex and sexuality.

Men’s focus group:

Male B
“For parents also, lack of information, lack of knowledge about sexuality.”

Male C
“Yeah.”

Male B
“Sometimes they have the wrong answer also.”

Interviewer
“So parents can’t really teach you that much?”

Male B
“Yeah, yeah, maybe sometimes…but maybe the parents in Vietnam, I think more shy or something like that.”

One solution suggested by respondents such as the female survey participant below, was that a section of the website be devoted to educating adults:

“It is better for Vietnamese youths, and Vietnamese as the whole, that elder Vietnamese should change their opinions about youths having sex. The elder, instead of opposing, should understand the new thinking and behaviours of youths about sex. Parents and teachers are crucial in educating the young. The website needs to have some sections for the mature as well. After all, sexual health knowledge does not come with age, and maybe even the mature need to learn about sex as well.”

Participants’ comments on this issue hold especial relevance for health communicators wishing to develop multi-pronged, holistic approaches to health promotion. Parents’ sexual health-related knowledge, attitudes and behaviours can protect or compromise their children’s sexual and reproductive health. Communication (or lack thereof) with children about these issues also plays a significant role in the development of health protective behaviours and lifelong attitudes towards sex and sexuality. Health communicators working in this field may achieve greater efficacy if communication targets young people and their parents as appropriate.
4.7 The value of a Vietnamese-language reproductive health-themed website for young Vietnamese

Overall, survey and focus group participants were very positive about the idea of a Vietnamese-language website on reproductive health for young people.

Participants in the women’s focus group summed up this sentiment in their comments below:

Female B (23 years)
“I think it’s very good because it is a very essential topic for Vietnamese young people, they are afraid to talk to people and talk to their parents. With a website they can log on the website and do it by themselves. It’s good, I support it.”

Female A (27 years)
“It’s more easy when you are at home and you have been out, come home 3am and then you realise ‘Oh, I’ve done something wrong’ then you can just go into website, you don’t wait till’ library is open or something like going in there.”

Some participants, such as the female survey respondent quoted below, shared their experiences of sexual education and sexual debut when voicing their support for a reproductive health website:

“I think what you are doing is very very important for young Vietnamese people. As for me, I was born in a quite traditional and well-educated family. However, my parents, teachers, friends have never told me about what sexual intercourse is or how can you protect yourself ... STD. I was so nervous when I had my first time because I know nothing about it. Actually I didn't have sex with my bf, he didn't put his ... into mine ..., I just slept with him. And after that, I was so scared that I might fall pregnant. What a fool and I was 20 at that time. I thought I have known quite well about that but actually I didn't know anything at all. I hope your survey would help people like me who are affected by traditional ways of teaching know what is really going on and sex is a part of your life, not a bad thing.”
4.7.1 Attitudes towards reproductive health education

Although many myths and misconceptions prevail, there is no evidence that sex education increases sexual activity (Williams & Davidson, 2004). It was thus reassuring to find that this was largely not reflected in participants’ perceptions. Comments such as the one below from a female survey participant (born in 1985) were extremely rare:

“The education of sexual intercourse and everything that comes with it, might on one side prevent hiv or other diseases, however it might also psychologically get them to think more about it, wanting to practice it. Like in europe, the magazines that mean to educate and teach, are quite doing the opposite, they are rather stimulating the desire for sex in teenagers. Similar with smoking, I believe the more you tell people how bad it is, the more it makes people think of it and practice it. As those are long term effects. In scandinavian countries, like sweden, it is totally illegal to smoke in public places, and it did prevent smoking, other countries demotivate smokers by showing posters or writing nasty things on the cigarette pack, has limited impact. It is quite difficult to compare smoking with sex making, not to say that having sex is bad, but the consequences are quite serious. I might also not be very clear, but I hope you get what i meant…”

4.7.2 Computer and internet access remain key considerations within the current context

Participants were, however, quick to note computer and internet access and proficiency as obvious limitations of online reproductive health communication. Male focus group participants discussed these issues when evaluating the pros and cons of a reproductive health-themed website:

Male D (36 years)

“It’s good. Provided they got a computer and can have access to computer and know how to use it.“

Male A (21 years)

“In Vietnam now in the countryside, the people in countryside yes they will all use the internet for chatting and if we have a useful website with some good information they would like to look at.”
A survey respondent also drew attention to the particular disadvantage experienced by members of the minority hill tribes living in the mountainous areas of Vietnam, where poverty is much more prevalent than in other areas:

“I think Vietnamese youths are now still lack of informations about sexual health, especially in the mountain area and countries. The internet is not yet come to these areas and in the schools it does not being an academic's topic. HIV/AIDS now is a serious problem influent the hument being. We should do something for ourself and help the other people escape from this desert.”

The findings reported within this section provide some clear directions for the development of a reproductive health website for young people living in Vietnam. The implications of these findings will be discussed in the following chapter, with a view to supporting effective online health communication in Vietnam and further afield.
5. Conclusions and Implications

The Conclusions and Implications section discusses the findings outlined in the preceding section in relation to the extant literature, Vietnamese context and problem under investigation. The potential of the internet as a channel for YSRH-themed communication is explored, as are its limitations and the issues that need to be overcome or considered when developing online YSRH resources. The implications of these findings for the field of online health communication are also discussed, and suggestions offered for health communication practitioners working in this environment. This chapter also addresses the limitations inherent in the reported research, explores possible new avenues for future research and presents summative conclusions.

The case for comprehensive reproductive health education in Vietnam is well established, and given further impetus by the findings of this research. The picture that emerges from this research is of a group of young people who, despite above-average socio-economic status and education, are largely unprepared for safe(r) sexual intercourse. This same group has limited access to unthreatening and unbiased information sources about reproductive health – and their contraceptive behaviours reflect this – 49.3 percent of all respondents did not use any form of contraception at sexual debut (see section 4.4.3 in Findings and discussion).

The findings of this research suggest that there is room for vastly improved reproductive health communication in Vietnam, but that existing social taboos and the socio-political environment are acting as significant barriers to open, accessible communication. While public discourse around the dangers posed by HIV/AIDS is slowly increasing, it seems that existing preventative measures are not reducing the stigma associated with discussion about sexual and reproductive health, and do not support healthy attitudes towards sexual intercourse.

HIV/AIDS is indeed a significant and growing health problem for Vietnam (and the rest of the world) but focusing on this virus in isolation is insufficient. Young people, Vietnamese or otherwise, need to learn about the fundamentals of reproduction and reproductive health – and the associated dangers of unprotected sexual intercourse comprise but one part of this. A decontextualised, punitive approach to reproductive health communication, such as that which largely exists in Vietnam today (see section 2.2.3 in The problem in its context), is not conducive to the maintenance of long-term sexual and reproductive health for young people and young adults in Vietnam.

Despite this, isolated but promising moves are afoot to develop a new, youth-focused discourse
around Vietnamese youth sexual and reproductive health (YSRH). This is most evident in cyberspace, where a small number of existing Vietnamese YSRH-themed websites are becoming increasingly popular with young internet users (see section 4.3.5.1 in Findings and discussion). As with all nascent communication initiatives, however, there is much room for further development and integration with existing health promotion activities. This section will explore these possible avenues in some depth.

5.1 Implications

5.1.1 The internet’s potential as a channel for YSRH-themed communication in Vietnam

The group under investigation in this study comes from the first generation of Vietnamese youth to have regular access to the internet. The internet has quickly become an important source for a range of their information needs, with reproductive health information featuring prominently. Just under half of all survey respondents had searched online for reproductive health information (see section 4.3.2 in Findings and discussion), far more than their counterparts in the United States of America. This number is likely to continue to grow as nationwide internet coverage expands.

The findings of this research show that the young people under investigation in this thesis are just as likely to use the internet to learn about reproductive health as they are to read books or have conversations with friends. What’s more, they prefer to use the internet as a YSRH information source, rather than having conversations with parents or siblings (see section 4.4.4 in Findings and discussion). When viewed in combination, these facts suggest that the internet is not only a feasible and viable source of information about sex and reproductive health for young Vietnamese, it is also a current and popular source, one that is already supplementing and potentially superseding more traditional forms of information.

Barak and Fisher (2001) suggest that the universal appeal of the internet as a source for reproductive health information can be articulated in the ‘Penta-A Engine’, positing that the features of affordability, availability, anonymity, acceptability and aloneness are ideal for education and exploration about reproductive health. The findings of this research support Barak and Fisher’s premise and suggest that the Penta-A Engine appeal has especial relevance to the Vietnamese context (see section 2.3.3 in The problem in its context).

Furthermore, the findings reported in this thesis support the idea that the internet can be used to
develop virtual ‘health-enabling communities’, similar to the real-world ones envisaged by Reid (see section 2.3.1 in *The problem in its context*) (Labonte, Reid, & Victorian Health Promotion Foundation, 1997). In an environment such as Vietnam, where open discussion of sex and sexual health is not a viable option for most young people, the internet offers the potential to create safe ‘purposeful spaces’. These spaces can be used to encourage the discussion of taboo topics, the development and renegotiation of sexual identities, and to foster a sense of empowerment or confidence that may lead to improved reproductive health practices.

The desire to connect with others – to gain a sense of community – within a site offering YSRH-themed information for young Vietnamese, was voiced repeatedly in the discussion sessions and surveys (see section 4.5.2 in *Findings and discussion*). Participants wanted to see traditional advice-giving roles recreated via interaction with online experts but also wanted to be able to discuss with and learn from their peers in the safety of this environment.

There are currently some small-scale and informal versions of this peer discussion in existing youth sites, but these tend to be very closely moderated for fear of attracting attention from Vietnamese government censors. Where it is more evident, however, is in the online community of groups that face especial barriers to open discussion about reproductive health, sex and relationships; gay, lesbian, bisexual, transgender and intersex (GLBTI) Vietnamese (including men who have sex with men (msm) but do not identify as gay). This population is almost invisible in Vietnamese society – with a strictly adhered to ‘don’t ask, don’t tell’ code that has limited progress towards visibility and equality for GLBTI Vietnamese (Monitoring the AIDS Pandemic Network, 2004). With the advent of the internet and, more particularly, the ability to host Vietnamese-language websites offshore (usually from the U.S.), however, many members of this community have found a new meeting place – creating ‘purposeful spaces’ in cyberspace. Vietnamese-language websites for this group (currently overwhelmingly catering for Vietnamese men who have sex with men, although there is some evidence of sites/sections for lesbian women appearing) have memberships in the tens of thousands (Anonymous, 2005).

The emergence of an online gay community in Vietnam echoes the international trend of recent years. In situations where discrimination limits opportunities for ‘real world’ community development, the gay community has been at the forefront of developing a virtual presence in

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19 Skyrocketing popularity has been a double-edged sword for many gay sites in Vietnam. Financial sustainability for ongoing and growing site maintenance costs has emerged as a significant problem for this group – one that has resulted in the premature demise of many popular Vietnamese sites catering to the gay community (Anonymous, 2005).
its place (Al Cooper, McLoughlin, & Campbell, 2000). As sites mature and develop, topics under discussion increasingly include relevant issues such as reproductive health and stigma, further developing social cohesion and momentum to represent the views of groups that have historically been marginalised and isolated (Anonymous, 2005). This process has parallels to the topic under investigation in this thesis, and augurs well for the potential of the internet to reduce taboos around the discussion of YSRH in this environment.

The internet also circumvents a problem common to health communication initiatives in all countries, developing or otherwise – concerning the difficulty of ‘scaling up’ health initiatives from small-scale pilot programs to a national level (Barnett & Whiteside, 2002). Although it comes with its own, not insignificant, limitations (see section 5.1.2 below), the internet is still a means of creating an information resource that is immediately available nationwide. In the Vietnamese context, this cost-effective and far-reaching communication channel has distinct advantages over costlier communication approaches that are more limited in their reach.

### 5.1.2 The internet’s limitations as a channel for YSRH-themed communication in Vietnam

While the internet clearly offers significant possibilities as a communication channel for YSRH-themed communication, any inclination towards ‘cyber-utopianism’ (Cotton, 2003; Goldsborough, 2000) must be tempered by an awareness of its limitations. None of the following mitigate the potential of the internet to make a positive impact on the issue of Vietnamese YSRH communication but all must be taken into consideration when planning communication initiatives.

#### 5.1.2.1 The internet is not a magic bullet

The ‘magic bullet’ theory of instantaneous and substantial media effects was long ago discredited by most media theorists (Baran & Davis, 2003). Nonetheless, a tendency remains among proponents of new technologies to ascribe similar powers to the ‘technology du jour’. The field of health promotion is not impervious to this tendency and there is a discernible pattern of health communicators focusing on a particular new technology to the exclusion of others (Bloome, Zwicker, & Finger, 2003) – and even to the exclusion of established health promotion principles, which suggest that a single communication initiative, in isolation, is generally not sufficient grounds for behaviour change (National Cancer Institute, 2002).

As a new medium that has experienced meteoric growth and dominated discourse about new communication technologies in the last decade, the internet can encourage similar acts of blind
faith (Bloome, Zwicker, & Finger, 2003). It is all too easy to forget that the internet, for all its possibilities and potential, it still simply another way of communicating and sharing information and ideas – a means to an end but not an end in itself. It is a potentially powerful medium that can be effectively harnessed for the purposes of health communication but its true potential can only be realised within a more holistic approach that takes into account the dynamics of human communication and behaviour, and the broader environment that impacts on people’s health and health-protective behaviours.

5.1.2.2 Online health communication initiatives should be integrated with health communication strategy

In an ideal situation, online health communication initiatives targeting YSRH would comprise one element of a broader integrated health communication strategy – a strategy that utilises a range of ‘tactics’ and communication channels to access the widest audience possible in ways that are relevant and meaningful, and which contribute towards achieving a unified goal (National Cancer Institute, 2002; UNFPA, 2003).

Privileging an integrated and holistic approach to health communication is of especial importance in the Vietnamese context where, despite its rapid growth, the internet is still a new technology with relatively limited coverage. Using the internet also requires a level of visual and written literacy and technological knowledge that it is not safe to assume the whole population possesses (Hang, 2007). Furthermore, even though the cost of accessing the internet is very low (even by Vietnamese standards), it is still an activity that requires money in order to participate – further marginalising the poorest, and often most vulnerable, members of society (Tipton, 2002).

The wide reach afforded by the internet (see section 5.1 above) also provides the temptation to apply a ‘one-size-fits-all’ solution to a topic that requires sensitivity to differences between geographic regions and cultures and urban/rural, north/south variations (Barnett & Whiteside, 2002). Developers of online YSRH initiatives must remain alert to this risk at all times, taking care to segment the Vietnamese youth ‘market’ and tailor communication to the respective needs of the various groups within this market (e.g. students, homeless, employed, differing faiths, ethnic groupings etc).

Thus, while the internet is a powerful and cost-effective way to access a large number of people, it should not be relied on as the sole communication channel and websites should not be relied upon as the sole tactic. The findings of this research have confirmed the enduring
popularity of magazines in Vietnam, for example (see section 4.4.4 in Findings and discussion), a medium that naturally lends itself to cross-promotion with websites. The internet has the most to offer as a complementary channel, part of a more comprehensive (but still targeted) approach to health communication that recognises the communicative value also offered by older media.

5.1.2.3 ‘Low-tech’ communication is still desirable
Although YSRH-themed websites can offer many advantages in health communication it must be acknowledged that they are still, to an extent, a bandaid solution, compensating for people’s discomfort about open discussion of YSRH issues. This discomfort is a universal problem but, as evidenced by the findings of this research, one that is particularly acute in Vietnam (see section 4.4.4 in Findings and discussion). The internet is an excellent means of circumventing this problem but the goal of fostering embarrassment-free interpersonal communication about YSRH should be kept in mind – and attempts to achieve this goal not abandoned completely in favour of a ‘good enough’ technology-assisted solution.

In a ‘best-case scenario’, YSRH-themed websites would function in a complementary role – supporting the efforts of parents and educators of young Vietnamese. The findings of this research support this, with participants repeatedly articulating a desire for communication with ‘real people’ (peers, health providers etc) (see section 4.5.2 in Findings and discussion).

5.1.2.4 Health promotion must acknowledge that behaviour is situated within the risk environment
In the Vietnamese context, health communicators must look beyond the individual to the broader ‘risk environment’, those environmental factors that can limit the effectiveness of a health communication campaign, irrespective of how well conceived, funded or executed it is (see section 2.2.3.1 in The problem in its context).

Even if young Vietnamese have the knowledge and desire to engage in health-protective behaviours, the simple act of buying condoms and other contraception is extremely difficult in a society where pre-marital sex is an entrenched taboo. By the same token, if a YSRH-themed website for young Vietnamese is launched, there is the risk that it could be blocked by government firewalls or physically shut down (as has happened with websites on other topics) by law enforcement agents (see sections 2.4.3 and 2.4.4 in The problem in its context). The government requirement that users of internet cafes present their identification and have their
details recorded, although very rarely enforced, is another external factor that could limit a website’s effectiveness and reach (OpenNet Initiative, 2006).

As the U.S. National Cancer Institute’s comprehensive guide to implementing health communication programs cautions, health communication can affect multiple types of change but it cannot compensate for inadequate health care or access to health care services. Nor can it “produce sustained change in complex health behaviours without the support of a larger program for change, including components addressing health care services, technology, and changes in regulations and policy” (National Cancer Institute, 2002, p.3). These limitations are particularly striking in developing countries such as Vietnam where political will has been slow to mobilise in the fight for better reproductive health. The reproductive health challenges facing Vietnam require leadership at the highest levels of government – something that is only now beginning to transpire.

5.1.3 Implications for the development of a YSRH-themed website for young Vietnamese

The findings of this research suggest a number of issues for consideration by developers of a YSRH-themed website for young Vietnamese:

5.1.3.1 The internet has an important role to play in addressing taboo topics

The young Vietnamese interviewed and surveyed in this research have confirmed that the internet is an essential new source of information about traditionally taboo topics. Participants were very clear that a YSRH-themed website should not shy away from discussing controversial topics such as masturbation, sexual orientation and abortion (see section 4.5.1 and 4.5.4 in Findings and discussion).

Participants were also supportive of these topics being discussed in a straightforward and educational (but friendly) manner. Many were frustrated at being taught about sex and sexual health in very general terms (see section 4.5.4 in Findings and discussion). Information needs to be unambiguous while balancing the cultural sensitivities that make these topics off-limits to begin with (see section 4.4.4 in Findings and discussion). Collaboration and genuine partnerships with young people when developing the content (and rigorous pre-testing with the target audience) are the only way to accomplish this difficult balancing act.
5.1.3.2 HIV/AIDS prevention information and reproductive health information need to be integrated

Although, it is not practicable to create a single ‘definitive’ online YSRH resource, the importance of logically situating HIV/AIDS prevention information within the broader context of youth sexual and reproductive health cannot be overstated.

The fields of reproductive health promotion and HIV/AIDS prevention have worked in parallel since the early 1980s when AIDS was first identified but it has only been in recent years that international bodies have started calling for greater integration between the two (Boonstra, 2004; SIECUS, 2005). In many developed countries there is an existing reproductive health education infrastructure that can be accessed and adapted to incorporate HIV-prevention information; in developing countries such as Vietnam, however, the reverse is often the case.

The HIV-prevention movement within Vietnam until now has been largely INGO (International Non-Government Organisation)-driven, whereas formal reproductive health information provision (within school curricula, for example) has been the domain of the Vietnamese government and other national bodies. The HIV-prevention sector in Vietnam has been the vastly better funded of the two and, as such, has developed ahead of the reproductive health field. This has resulted in an unbalanced focus on HIV-prevention alone that, whilst of utmost importance, neglects the many other, equally vital, areas of reproductive health knowledge.

Any YSRH-themed website for young Vietnamese should take care to integrate these two areas in a naturalistic way for, as the Sexual Information and Education Council of the United States (SIECUS) noted on World AIDS Day 2005, “comprehensive sexuality education is HIV prevention” (SIECUS, 2005).

5.1.3.3 All language used needs to be simple, friendly and age-appropriate

While this may seem self-evident, there are too many websites that purport to target young people but which do not use appropriate language, for it to remain unsaid. Young Vietnamese experience enough trepidation accessing a website on a taboo topic without having to also decipher unintelligible medical jargon or overcome overly formal, unwelcoming language that does not support healthy attitudes towards sex and sexual health (see section 4.3.5.2 in Findings and discussion).

In the Vietnamese context, there is a fine line to walk with the overall tone of the site (sites may
run the risk of seeming overly informal and unreliable if adopting *too* casual a tone) but the consensus that emerged from this research was that language should be welcoming, simple, educational and friendly.

### 5.1.3.3.1 Meta tags need to incorporate slang terms

Although often overlooked or added as an afterthought, age and culture-appropriate use of meta tags (HTML elements of a web page that are commonly used to provide keywords and a description of the page) is essential from an information retrieval perspective. When designing a website for young people the choice of language used in these meta tags can mean the difference between the success or failure of a site.

Young people, in general, do not search for terms such as ‘youth sexual and reproductive health’ (or its Vietnamese equivalent). Nor do they search for ‘contraception’ or ‘unplanned pregnancy’. Chances are they won’t even be searching for ‘sexually transmitted infections’. As Dockendorf found in her Masters dissertation on webpage support for the use of slang terms during internet searching on sexual and reproductive health, young people enter familiar slang terms that they use with their peers when searching for YSRH-themed information (Dockendorf, 2002). If a website fails to include these terms in their site’s meta tags (and other page elements that are accessed by search engines) it risks becoming invisible to online searchers who are only using these terms.

### 5.1.3.3.2 ... and they should be in both English and Vietnamese

Additionally, the findings of this research suggest that meta tags need to be in both Vietnamese and English. Only two-thirds of the respondents who had searched online for English language YSRH terms had also searched in Vietnamese (see section 4.3.3 in *Findings and discussion*). Admittedly this group possesses unusually high levels of English proficiency but it is also possible that Vietnamese is not perceived as the preferred language for YSRH information, or that the dominance of English online makes it the first choice when searching. Either way, the inclusion of English equivalents in the meta tag section (not visible to the user) of a Vietnamese-language YSRH-themed website is a reasonably simple safeguard against this apparent searching bias.

### 5.1.3.4 Website illustration is an important but not overriding consideration

Research participants were less concerned about the look of a YSRH-themed website than how the design took into account their needs (see section 4.5.3 in *Findings and discussion*). Whilst a
visually attractive, professional-looking site is a desirable objective, this should not be achieved at the expense of a design that is informative, friendly and takes into account the cultural sensibilities and sensitivities associated with accessing a site on this topic in a public space.

5.1.3.4.1 The physical environment in which websites are accessed must be kept in mind

At the present time, and for the foreseeable future, the majority of internet use for young Vietnamese takes place in a public space (an internet café for example). Even for the economically privileged group under investigation most computer use was at a public or communal computer (see section 4.2.2 in Findings and discussion). It is not safe to assume the users of a YSRH-themed website in Vietnam will have the luxury of privacy or solitude, or unlimited time in which to access it.

Consequently, any website designed for this audience needs to be sensitive to the embarrassment that may be felt by young people who have no choice but to access this information in a public space. Large, explicit titles or illustrations might not be appropriate even if good design practice recommends it. Users may also be reluctant to spend a lot of time viewing the site, for fear of being seen by their peers. Concise summary pages with essential information (linking to optional detailed pages) may be one way of minimising this fear. By extension, it may be necessary to provide some forewarning that linked pages contain anatomical images so users can decide whether to proceed or return at a later time.

As with all aspects of developing a YSRH-themed site for young Vietnamese, extensive consultation with (and involvement of) the end users is essential to ensure age and culture-appropriateness. It is equally essential if developers are to strike a workable balance between fast information retrieval and minimal embarrassment.

5.1.3.5 Good information architecture and usability should be paramount concerns

Even though they are from the first generation of regular internet users in Vietnam, the young people in this research were very ‘web-savvy’. Consequently, their expectations of usability (how well the overall site works from a user’s perspective (Krug, 2000)) and information architecture were correspondingly high.
When asked to consider the merits of existing YSRH-themed websites (see section 4.3.5.2 in Findings and discussion), research participants often cited poor usability and information architecture as reasons for dissatisfaction. This is of especial concern, as youth sexual and reproductive health is a vast field. It is essential therefore, that YSRH-themed sites are organised in such a way that young users can access the information quickly and easily.

As with search terms for meta tags (see 5.1.3.3.1 above), the organisation of information has to be logical or intuitive for users (Danaher, McKay, & Seeley, 2005). Plain language categories such as the Vietnamese equivalent of ‘about our bodies’, ‘learning about sex’, ‘staying safe sexually’ and ‘sexual orientation’ are needed (and need to be extensively pre-tested) in order to ensure that users can find what they are looking for in the shortest possible time. This imperative, however, must be balanced with the need to consider the physical environment in which the site is accessed, and the associated potential for embarrassment (see 5.1.3.4.1 above).

Site developers also need to be judicious in their decisions about how much content to include on a site such as this – and what priority it is given in the information architecture. The fundamental essentials need to be most accessible and more detailed information can be linked from this information. If it is too hard to find information most users will simply give up (Krug, 2000). It is also worth considering how detailed the information is, so as to avoid creating a large and unwieldy site that is impossible to maintain. If a vetted, credible link will suffice perhaps including/duplicating the information on this site is not essential.

5.1.3.6 Regardless of form, a Vietnamese YSRH website needs to foster a sense of online community

No matter what form the content of a website takes (and with technology advancing as rapidly as it is, the options are endlessly growing and evolving), this research has highlighted some core services that users desire.

5.1.3.6.1 Offering advice is important

Whether in real-time (via instant messaging), or delayed (through email or online submission), some form of tailored, personalised advice-giving function is an essential feature of a YSRH website. Young Vietnamese have many questions to ask about YSRH and a static ‘brochure’ website will not always resolve them. More importantly, in a country where personal interaction and open discussion about sex is an entrenched taboo, cyberspace is the one place...
where young people should be able to ask questions without fear of embarrassment or reprisal.

There is currently one Vietnamese website offering a limited ‘Question and Answer’ service by trained counsellors, which is very popular with users. Amongst other things, a new YSRH website could expand on this idea by offering an around the clock ‘online doctor’ service that users could access in real time and resolve queries with. The possibility of jointly running this service in collaboration with a complementary group such as Medecins Sans Frontiers or Marie Stopes International would be worth further investigation.

5.1.3.6.2  … as is facilitating discussion among peers

The findings of this research have shown that young Vietnamese also value opportunities to share their experiences with peers in an embarrassment-free environment (see section 4.4.4 in Findings and discussion). Online forums and chat rooms are currently very popular with young Vietnamese and this was reflected in the research findings with respect to YSRH (see section 4.5.2 in Findings and discussion). Options for facilitating YSRH-themed discussion amongst an online community include chat rooms and forums – both of which require clear ground rules and varying degrees of moderation. There is potential for regular contributors to these forums to be assigned peer moderation responsibilities, a simple measure that increases youth engagement in the site and reduces the onus of moderation.

Group discussions with doctors or YSRH counsellors at assigned times may also be worth investigating. Moderated group discussions with young people and relevant experts are a popular television format in Vietnam and it is possible that an online aspect could be incorporated into these discussions – or vice versa.

5.1.3.6.3  Website content needs to reflect reality and provide realistic role models

Bandura’s social learning theory (Baran & Davis, 2003) has especial relevance to the issue of YSRH education. Real-life stories were often cited as positive features of YSRH sites that the young people in this research had visited (see section 4.3.5.2 in Findings and discussion). It seems that, in line with Bandura’s theory, young Vietnamese identify with and learn from realistic role models and stories that reflect their experiences.

Websites such as the UK’s ‘RU Thinking’ (www.ruthinking.co.uk) and MTV’s ‘Think’ (www.mtv.com/thinkmtv/sexual_health/) offer relevant YSRH stories from a youth perspective. Contributors write on topics ranging from experiences of their first kiss and sexual debut to buying contraception and undergoing an abortion. Some stories are posted anonymously while
others include bylines and photos of the authors – young people who are prepared to be identified as role models for their peers.

Given the strong socio-cultural taboos surrounding YSRH in Vietnam the chances, at this juncture in time, of young people being prepared to identify themselves on a YSRH website are still remote. That said, participants’ willingness to share experiences in the anonymous online survey, and even in the discussion groups, suggests that sharing of stories on a Vietnamese YSRH website, perhaps anonymously to begin with, is not an impossibility.

5.1.3.7 YSRH-themed websites must establish their credibility

In a virtual environment where traditional markers of authority and reliability (premises, face to face communication, qualifications displayed on the wall etc) are missing, it is vital for YSRH-themed websites to establish their credibility in other ways. Professional website design plays an important part in this process but other tactics can also be employed. At a fundamental level, including a comprehensive ‘about’ section introducing the organisation behind the website (with contact details for a physical address) helps to reassure users that a website is more than a short-term, ‘fly by night’ venture. Including photos of relevant staff members is another easy way to humanise a site.

The inclusion of commercial advertising on a YSRH-themed website, however, often has the effect of undermining a site’s credibility, especially if the products advertised bear no relation to the topic under discussion (Walther, Wang, & Loh, 2004). The same effect can result if due consideration is not given to a site’s domain name. Although an organisation may be hosting a YSRH-themed site as part of their larger website it is important to allocate it a unique, relevant and memorable domain name (which can then be linked to and from the owning website).

It is also important to consider which domain name suffix would be most appropriate: .com, .org (typically perceived as the most credible for health information); or a country-specific one such as .com.vn or .org.vn (Walther, Wang, & Loh, 2004). It must also be borne in mind that young Vietnamese often place differing value on suffixes that indicate Vietnamese ownership (e.g. .com.vn or .org.vn) versus a more global outlook (.com or .org). Anecdotal evidence from research participants suggests that ‘global’ suffixes are currently favoured over Vietnam-specific ones for topics such as YSRH.

In the international medical community moves are currently afoot to establish a consensus on formal indicators of credibility and trustworthiness for online health information. Existing
measures include codes of conduct, quality labels, user guides, filters and third-party certification, all of which have varying benefits and implications for site providers, users and developers. To date, most of these initiatives have originated in Europe, Canada and America (Seidman, Steinwachs, & Rubin, 2003), a factor which should not be ignored when considering their wholesale application to the Vietnamese context.

5.1.3.8 Collaboration and partnerships at all levels are key elements of success

In a sector short on resources but with a massive remit, strategic collaboration and effective partnerships for health promotion are key components of any successful health communication initiative (Clift, 1998; Labonte, Reid, & Victorian Health Promotion Foundation, 1997). Issues pertaining to the broader risk environment might not be within the power of a health promotion body to resolve, but it is possible that strategic partnerships and collaboration with other groups (government bodies, NGOs, schools, health organisations and community groups for example) can go some way towards mitigating or even eliminating these risks.

In the online sphere, it is now generally agreed that, from both accessibility and maintenance perspectives, it is not possible for there to be one ‘definitive’ resource on HIV/AIDS (for example) that will meet the needs of all internet users. Instead, a growing number of niche sites are providing relevant, accessible information for their target audiences and, increasingly, linking to other sites that may also be of use. It is only now that the health communication sector is beginning to use the internet as it was intended – as a web of pooled knowledge that collectively, is vastly more powerful than individual initiatives.

A collaborative approach of this nature has yet to take root in Vietnam – the existing sites on YSRH topics rarely link to or promote each other and there is much unnecessary repetition of content. If health information providers are to offer the best possible service to their users it seems that a conscious move away from this competitive mentality is needed. Strategic collaboration, whether by linking, cross-promotion, resource pooling or working partnerships with a range of virtual and real-world services would result in a better, more efficient service for all. This, in turn, would develop what Putnam refers to as ‘bridging social capital’; “trusting and supportive relationships among groups of people whose world views, interests and access to resources might be very different, but who have some sort of overlapping mutual interest (e.g. in HIV-prevention).” (Campbell, 2003, p.57).

As an initial step, links to other sites offering further credible information on the same or
aligned themes would reduce the need to provide a ‘definitive’ site content-wise and would offer users a range of choices for information provision. This was a popular feature in the online survey (see section 4.5.2 in *Findings and discussion*) and another indication that users do not expect one website to meet all of their needs.

Links and contact details (preferably supported by collaborative agreements) for reproductive health service providers are also incredibly important – helping young Vietnamese to find safe abortion providers, STI testing facilities, non-judgmental pharmacists, family doctors, counsellors and so on.

Although a much larger task to organise, a partnership between a YSRH-themed site and Vietnamese schools would also be very fruitful from a YSRH-promotion standpoint. Given the political will, there is potential to develop a teaching program incorporating a website and associated learning activities that are integrated into the national curriculum. In order to be successful this would involve support from the highest levels of Vietnamese government, a challenging but not impossible task.

5.1.3.9 Censorship is a reality

Any YSRH website developer working in the Vietnamese context can not afford to ignore the very real threat of government censorship and the associated limitations this might place on a site. This is especially relevant if hosting within Vietnam (all websites hosted within Vietnam require government approval) but even if hosted offshore and targeting a Vietnam-based audience.

If an externally hosted site is deemed inappropriate for Vietnamese audiences it can be added to the banned list that is enforced via a government firewall. At present this measure is mostly reserved for websites deemed to be politically dissident but it also includes several popular Vietnamese pornographic websites. A YSRH-themed website may be at risk of being classified as pornography if proper approvals are not gained.

Websites hosted onshore require government approval in order to be hosted on a Vietnamese server. If a site is hosted without approvals, or if its content is deemed to be offensive subsequent to approvals being gained, there have been precedents of sites being shut down, police raids on hosting premises and punitive measures being implemented against the site managers (see section 2.4.3 in *The problem in its context*).
It is, therefore, strongly advisable for the developers of YSRH-themed websites (whether hosted in Vietnam or offshore) to align themselves with existing organisations (ideally large INGOs or Vietnamese-run bodies) with the appropriate connections to government. This is necessary in order to smooth the consent process and will allow developers to promote the finished site without any fear of censorship or firewalls. If ‘due process’ is followed it is possible to produce and maintain a site with relatively few restrictions on its content that can then be promoted to the widest possible audience.

If developers choose not to follow this path (and there are many sites that are hosted off-shore with no government approval), they are free to include whatever content they wish but, in doing so, risk reaching a much smaller audience if the site is targeted and blocked by government censors.

5.1.3.10 Website pre-testing, evaluation and ongoing refinement are not ‘optional extras’

Whether on a shoestring budget or with comprehensive funding, the development of a YSRH-themed website involves a massive investment of time and resources. Even though it requires further investment, this fact alone makes pre-testing and evaluation (and subsequent refinement) with end users absolutely critical (Krug, 2000). Best practice in social marketing, health communication and web design dictate the need for pre-testing and evaluation when developing communication initiatives – but they are neglected all too often.

User testing need not be an expensive venture, it may simply be a matter of spending time with the end users of a website and learning about the ways in which they use it (which are often contrary to those expected by developers). Sitting with young Vietnamese and asking them to ‘think aloud’ as they navigate a site, highlighting any problems or unmet needs they experience as they use it is a simple and cost-effective solution to this problem. In a relaxed and trusting environment, users should feel comfortable enough to say when content or imagery makes them feel uncomfortable, when they have unanswered questions, when navigation is confusing or counter-intuitive, when features are unnecessary or unappealing and so on (Krug, 2000).

5.1.3.11 The cost of website maintenance should never be underestimated

The days of organisations launching a static ‘brochure website’ and leaving it to slowly stagnate until the next major event are long gone. In order to attract visitors and, more importantly,
attract repeat visitors, websites need to be constantly – visibly – updated with new and engaging information.

Although this is very much a case of applied commonsense, there is often insufficient thought given to website sustainability post-launch and the costs involved in ongoing maintenance and management (Simmons, Nyhof-Young, & Bradley, 2005). Websites are not a ‘set and forget’ venture – they involve active management and ongoing attention, especially in the case of sites offering interactive services or discussion forums that require moderation.

All project budgeting must take into account the future, including the costs of any software upgrades that might be necessary as technology evolves. If a project cannot be financially sustained in the long term then there is little sense in beginning at all. On a more positive note, this is where strategic collaborative partnerships with other organisations (that may like to assume custodianship of a site) can truly be leveraged to mutual advantage. If territorial inclinations with intellectual property can be overcome then working together to ensure that a resource is available in the long run is an admirable goal for two organisations, returning once again to the notion of bridging social capital (Campbell, 2003).

5.1.3.12 Above all, young Vietnamese should be partners in YSRH website development

So many of the problems and issues raised in the preceding discussion can be mitigated or eliminated by simply consulting with the end users about the best approach and including them in the running of the site. Whether approaching YSRH website development from the perspective of user-oriented design, participatory planning or audience research, it has to be acknowledged that a Vietnamese YSRH-themed website, to the greatest extent possible, should be by, for and about young Vietnamese. All discussions of establishing credibility and trustworthiness are purely academic if users do not relate to the site and see themselves reflected therein.

A leading site in this respect is the innovative ‘Sex, etc’ website (www.sxetc.org), which promotes itself as “A web site by teens, for teens” (Network for Family Life Education - State University of New Jersey, 2006). Sex, etc, developed and supported by the Network for Family Life Education (based at the Center for Applied Psychology at Rutgers, The State University of New Jersey), offers paid and voluntary positions for teen contributors and editors, profiles teen bloggers who write about sexuality and offers activism toolkits to support teen activism for better sex education in schools (something that has been eroded in recent times (Center for
Reproductive Rights, 2006) – see section 2.2.2 in The problem in its context for further discussion). Sex, etc is a well-resourced example of the potential of youth/adult partnerships for reproductive health, and a model that could be adapted to the Vietnamese context.

The international HIV/AIDS-prevention community is also a strong advocate of engaging young people in their work. There is a worldwide groundswell of opinion that is best encapsulated in UNAIDS’ simple assertion that “responses that involve and treat young people as a priority pay off” (UNAIDS/WHO, 2002 p 8).

The children of Doi Moi are unlike any other in Vietnamese history – straddling two distinct economic and socio-political systems and connecting as best they can with the global community, while managing the expectations of their own culture. If any group was ever motivated to participate in the development of a resource that would benefit themselves and their peers, on a topic that is relevant and extremely important at this stage of life, this group fits the bill. Young Vietnamese are the resident experts on ‘young Vietnamese’ and on youth culture in Vietnam. It would be a foolish and arrogant communicator that did not take advantage of this latent pool of knowledge and enthusiasm when developing and managing an initiative of this sort.
5.2 Limitations

The research outlined in this thesis has a number of limitations that must be acknowledged. Some are a result of the inherent limitations of the post-graduate research process, while others have resulted from sampling decisions or the restrictive environment in which the research was undertaken:

- Owing to time and resource limitations the research reported within this thesis was cross-sectional and did not include experiments or observation (other than informal observation in internet cafes). Consequently, understanding of past events could only be gauged via self-reporting from participants and is subject to the quality of participant memory recall and any self-censorship or social desirability bias that this research method may generate.

- Given ethics committee concerns surrounding underage participants and access/informed consent issues, the decision was made not to conduct research with participants under 18 years of age. While the average age of sexual debut in Vietnam is still over 18 years, this sampling decision meant that Vietnamese under this age (who are likely to be entering and navigating the YSRH knowledge-acquisition process) could not be directly targeted. Caution should therefore be exercised when considering the results of this research in relation to Vietnamese under the age of 18.

- For similar reasons (as well as issues with obtaining government consent), it was not possible to access the Vietnamese primary or secondary school system in the course of this research. Understanding of the YSRH-education experience within the Vietnamese schooling system instead relied on the available literature and participant description and recall; a workable but limited solution.

- Although selected specifically for their relevance to the research questions under investigation (see sections 3.2.1.1 and 3.3.1.1 in Methodology), it should be noted that, from an economic perspective, most participants were extremely advantaged and thus not representative of ‘typical’ Vietnamese youth. The value of this research lies, therefore, more in its exploratory nature, and use of affluent youth as a predictor of social trends, than in any statistical generalisability to the present Vietnamese youth population.

- In order to access the student research population, all Vietnam-based research was conducted within university time and on campus; a methodologically-driven decision that may have resulted in more self-censorship or social desirability bias than if it had been conducted under another auspice in a more neutral location.

- All efforts were made to ensure that research was conducted in a participatory manner. Young Vietnamese advisors and student ‘co-researchers’ were present at group discussions and communicated on the researcher’s behalf in both surveys. It must be acknowledged, however, that the author, as a non-Vietnamese researcher, may have affected responses in a way that a Vietnamese researcher may not have. All research was conducted in English and this may also have resulted in possible misinterpretation or a lack of richness in responses or description.
5.3 Directions for future research

As with any investigatory process, the research described in this thesis has raised many new questions and highlighted untapped research areas. Some of the possible directions for future research of relevance to youth sexual and reproductive health communication in Vietnam include:

**Triangulation of research within the Vietnamese pre-tertiary education environment.** Although a difficult area to access, for both Vietnamese and non-Vietnamese researchers, conducting this type of research within the Vietnamese school system would offer significant insight into the issue of Vietnamese YSRH. Working with school-age Vietnamese would allow a more complete picture of existing YSRH-related knowledge, attitudes and behaviours for this group, as well as their knowledge acquisition processes and preferences. Access to the schooling system would also provide opportunities to analyse and evaluate the existing school-based sex education curriculum, with a view to improving health communication efficacy. Research of this nature would provide further opportunities for comparative international research with similar and divergent youth populations.

**Research with Vietnamese youth and their parents.** Most young Vietnamese are considered to be dependents until they marry and move away from home. Consequently, parents fulfil many important roles of relevance to YSRH; their knowledge, attitudes and behaviours towards sex and sexual health can protect or compromise their children’s sexual and reproductive health. At present, however, adult knowledge levels about sexual and reproductive health are extremely low; most parents are unlikely to speak with their children about sex. It should be a matter of priority for health communicators to learn how best to communicate with parents of young Vietnamese about these issues, and how to facilitate better communication between young Vietnamese and their parents. Inter-generational communication dynamics could potentially play an important role in an investigation of this nature, with a view to reducing stigma and supporting parents to play an active role in their children’s sexual and reproductive health education.

**Focused exploration of the impact of immersion in foreign countries on young Vietnamese people’s YSRH-related knowledge, attitudes and behaviour.** The lack of statistically significant differences between the Vietnam and overseas-based Vietnamese groups in this research was unexpected. There would be value in focusing on this as a dedicated research topic to explore acculturation (or lack thereof) in the YSRH-related knowledge, norms and behaviour of young Vietnamese living outside of Vietnam for the purposes of study. This topic would provide scope
for a substantial mixed-method international study that could draw on cultural theory, theories of intercultural communication, peer group dynamics and other socio-cultural considerations.

**Critiquing the internet’s future role in health communication.** As a medium (relative to print, radio or television), the internet is still in its infancy. Further technological developments will undoubtedly see the internet further integrated into the domestic sphere in Vietnam and around the world. There is a need to assess whether the internet has a substantial long-term role to play in supporting and facilitating changes in health and community development, and whether its role can be expanded beyond knowledge acquisition. Just some of the areas that merit further investigation include issues of interactivity, grass-roots technical capacity building, social capital development, strategic integration into broader approaches and long-term sustainability.

**Exploring and analysing the intersection of behaviour change communication paradigms.** The literature reviewed as part of this research has highlighted the large (and growing) number of conceptual frameworks being employed in the field of health-focused behaviour change communication. In areas such as HIV/AIDS prevention programming, for example, the literature indicates that this conceptual diversity has led to much non-strategic replication and redundancy as advocates of different approaches are often reluctant to consider the value that another paradigm may offer. There is significant potential to investigate the interface of these paradigms via an intensive analysis of the existing literature in combination with a case study approach, identifying points of commonality and exploring the potential for theory development through cross-paradigmatic hybridisation in the interests of more effective health behaviour change communication.
5.4 Conclusion

This thesis has attempted to identify and address the challenges particular to communicating effectively with young people in Vietnam about sexual and reproductive health, in a time of great social and cultural upheaval. Gender norms, socio-cultural taboos and sexuality are becoming more fluid as Vietnam’s identity is renegotiated. The new generation – the ‘children of Doi Moi’ – are at the forefront of this process, growing up, as they are, in an increasingly globalised, interconnected society. Young Vietnamese also bear the burden of forging new sexual identities while balancing the traditional values and expectations of their families and community leaders.

The research reported in this thesis involved working with young Vietnamese, both in Australia and Vietnam, to determine their support for an online YSRH resource, to elucidate their information needs, and to identify how best to communicate online with this group about sexual and reproductive health. In doing this, the research aimed to answer the overarching thesis research question that asked what key socio-cultural considerations should influence the content generation and design of a YSRH-themed website for young people living in Vietnam.

The findings of this research suggest that young Vietnamese are turning to the internet in rapidly escalating numbers and that it is an appropriate channel through which to communicate about YSRH. The internet offers unprecedented potential to communicate about the sensitive issue of youth sexual and reproductive health in a way that respects young people’s privacy and shyness. An online Vietnamese-language YSRH website would be an affordable, anonymous, socially acceptable and permanently available resource that could answer the questions that can’t be asked in person. It also has the potential to assist in the renegotiation of sexual identities, and to challenge stigma and discrimination related to sex and sexuality. The findings of this research also highlight that all communication on this topic must, by necessity, be sensitive to the complex and evolving socio-cultural context in modern Vietnam. The Implications chapter has synthesised these findings and put forward recommendations that, it is hoped, would be of benefit to a health communicator or community organisation planning a resource of this nature.

The research documented in this thesis involved young Vietnamese in a participatory manner, privileging their experiences and wisdom in the development of a resource for their peers. This perspective is increasingly echoed on the international stage; as the young authors of the UNFPA youth report on progress towards the UNGASS Declaration of Commitment on HIV/AIDS note:
We ask to be regarded as assets, not as liabilities; our diverse voices need to be heard and our talents cultivated so we can be instruments for change. Including young people in the development process of our communities allows us to exercise a fundamental human right and is essential to the development of successful policies and interventions...Let us work together to overcome the challenges that lie ahead.” (UNFPA, 2005a)

Protecting and maintaining youth sexual and reproductive health in Vietnam is a daunting but not insurmountable challenge. The internet has the capacity to provide accurate, unbiased and accessible information about this topic for young people in Vietnam; information that can assist in protecting and improving health outcomes and quality of life. Through collaboration, innovation, participation and ongoing dialogue, this rapidly evolving technology can be harnessed to support one of the most fundamental aspects of young people’s health and wellbeing. It is hoped that this thesis has made some small contribution towards this process.
6. References


Reuters. (2006, 14 August). Gates: women key to fighting AIDS.


7. Appendices

Appendix 1: Glossary of terms

Appendix 2: Notes on terminology

Appendix 3: Survey instrument

Appendix 4: Melbourne-based mini focus group informed consent materials

Appendix 5: Melbourne-based mini focus group stimulus material & questionnaire

Appendix 6: Melbourne-based mini focus group discussion guide

Appendix 7: Independent samples test for Vietnam & Melbourne-based surveys
### Appendix 1: Glossary of terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABCs</td>
<td>Abstinence, being faithful and using condoms</td>
</tr>
<tr>
<td>GLBTI</td>
<td>Gay, lesbian, bisexual, transgender and/or intersex</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh City (most often referred to as ‘Saigon’ in the south of Vietnam)</td>
</tr>
</tbody>
</table>
| HIV/AIDS | Human Immunodeficiency Virus & Acquired Immunodeficiency Virus  
(see Appendix 2 - Notes on terminology) |
| ISDS    | Institute for Social Development Studies |
| INGO    | International non-government organisation |
| ISP     | Internet service provider |
| IXP     | Internet exchange provider |
| MDGs    | Millennium Development Goals |
| MOVSA   | Melbourne overseas Vietnamese student association |
| NGO     | Non-government organisation |
| PEPFAR  | President’s Emergency Plan for AIDS Relief |
| UNGASS  | United Nations General Assembly Special Session |
| UNFPA   | United Nations Population Fund |
| YSRH    | Youth sexual and reproductive health  
(see Appendix 2 - Notes on terminology) |
Appendix 2: Notes on terminology

The fields under investigation in this thesis use language in quite specific ways. In the interests of clarity for the reader, the following guide to terminology explains how the following terms are used within the context of this thesis:

‘Youth’ and ‘young people’. The United Nations defines ‘youth’ as people between the ages of 15-24 even though many nations define youth as up to age 30 (UNFPA, 2005a). The conception of adolescence or young adulthood as a development phase distinct from childhood is a relatively new phenomenon in Vietnam but most Vietnamese now use the term thanh thieu nien to refer to young people 10-24 years old (H. T. Khuat, 2003). Given the variance in definitions and broad relevance of this topic, this thesis, unless specifically stated, conceptualises “youth” or “young people” as people between the ages of 10 and 30 years. It must be noted, however, that the reality is more akin to a bell curve – with very few people at either end of this group likely to describe themselves as ‘youth’.

‘HIV/AIDS’ is a widely used combined term that simultaneously refers to the human immunodeficiency virus and the resulting acquired immune deficiency syndrome.

‘HIV’ refers to the human immunodeficiency virus, a retrovirus that infects cells of the immune system and progressively depletes the immune system, leading to ‘immune deficiency’. The immune system is said to be deficient when it can no longer fulfil its role of fighting off infection and cancers (UNAIDS, 2004). HIV was not identified as the source of AIDS until 1983. It received its formal title in May 1986, resolving a prolonged dispute between French researchers, who had identified it as ‘LAV’ (lymphadenopathy-associated virus), and researchers in the U.S., who had identified HIV as a virus distinct from LAV, which they named HTLV-3 (human T-cell lymphotropic virus, type 3) (AVERT, 2006c).

‘AIDS’ refers to acquired immune deficiency syndrome - the symptom complex associated with acquired deficiency of the cellular immune system. The majority of people infected with HIV, if not treated, develop signs of AIDS within eight to 10 years (UNAIDS, 2004). The first cases of AIDS were identified in the United States of America in 1981 and formally named midway through 1982. Prior to this, working names had included ‘gay compromise syndrome’, ‘GRID’ (gay-related immune deficiency), ‘AID’ (acquired immunodeficiency disease), ‘gay cancer’ and ‘community-acquired immune dysfunction’, owing to its initial appearance in the gay community (AVERT, 2006c).
‘STI’ or ‘STIs’ refers to sexually transmitted/transmissible infections such as gonorrhea, syphilis, HIV, chlamydia, genital warts, and herpes. While STIs were previously known as sexually transmitted diseases or ‘STDs’, the new terminology encompasses the full range of illnesses that can be contracted through sexual activity (Ollis & Mitchell, 2001). Sexually transmitted infections are most commonly contracted during sexual contact but some can also be passed via unsterilised needles, perinatally from mother to child, through breast-feeding or blood products (SIECUS National Guidelines Task Force, 2004). When discussed in this thesis, ‘STI’ refers to transmission via sexual contact.

‘Youth sexual and reproductive health (YSRH)’ encompasses both sexual and reproductive health (PATH, 2003), with particular reference to the needs of young people. The World Health Organisation has defined the key concepts that make up this term as follows:

**Sexual health** is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

(WHO, 2004b).

**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.


‘Doi moi’ (lit. ‘renovation’) is the name given to the economic policy reform introduced by the Vietnamese government in 1986. This policy instigated a controlled transition toward a market economy, an ongoing process that has had far-reaching economic and social effects (Van Arkadie & Mallon, 2003).
Appendix 3: Survey instrument

Please note: The detail of some questions is replicated (e.g. Question 1. and 1a.) so that the contents of the drop-down box/es can be viewed.

1.

1a. n.b. The first question in the survey was an automated screening question. If respondents selected ‘1988 or later’ they were thanked for their time and exited from the survey – see #8.
Section A – Questions about you.

Are you male or female? (tick one)
- Male
- Female

What country are you currently living in? (select one option from the drop-down list or write in the text box below).

Please note: If you are studying or living overseas but are back in Vietnam for holidays, please select the country that you have been studying or living in (not Vietnam).

How long have you lived in the country that you named? (select one option from the drop-down list).

Are you currently studying? (tick one)
- Yes
- No

If you are studying, what is your current level of study?

2a.

How long have you lived in the country that you named? (select one option from the drop-down list).

Less than six months
Between six months and one year
1–2 years
2–3 years
3–4 years
4–5 years
5–10 years
10–15 years
More than 15 years

2b.

If you are studying, what is your current level of study?

Not applicable
Secondary school
Post-secondary – Non-university training institution (e.g. language school)
University – Undergraduate degree (e.g. Bachelor’s degree, medicine etc)
University – Postgraduate degree (e.g. Masters, PhD etc)
3.

Internet and Sexual Health Survey for young Vietnamese.

Section B – Questions about your Internet access and use.

On average, how many times per week do you access the internet (excluding email)?
(select one option from the drop-down menu below).

When you use the internet, where do you mostly access it from? (tick as many as needed).

- My personal/home computer
- Learning institution computer(s)
- Friend’s computer(s)
- Internet cafes
- A computer at my place of work
- Relatives’ computer(s)
- Other (please specify)

Why do you visit internet websites? (tick as many as needed).

- Study and academic research
- To look up information (not related to study)
- Communication with family and/or friends
- Discussion and debate e.g. forums and discussion groups
- Leisure e.g. online games, music, film, downloads, blogs etc.
- To look at pornography
- To visit news sites
- Online shopping
- Other (please specify)

Do you have any favourite websites of any type/on any topic?

- Yes
- No

If ‘yes’, please write in the space provided below what it is that you like about them and what features they offer that you like (it would be helpful if you could also include the website url address or the name of the site(s)).

3a.

On average, how many times per week do you access the internet (excluding email)?
(select one option from the drop-down menu below).

I do not use the internet regularly
1–2 times
3–4 times
5–6 times
Every day
n.b. The first question in this section utilised automated skip logic. If respondents selected ‘no’ they were automatically skipped to section D – see #5.
4a.

How old were you when you first had sexual intercourse?

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old or older

4b.

Did either you or your partner use contraception the first time that you had sexual intercourse?

- No
- Yes
- Not sure

4c.

Generally speaking, do you feel that you knew enough about sex before you first had sexual intercourse?

- Yes
- No
- Not sure

<< Back		Next >>
Section D – If you were making a website...

If you were making a website that educated Vietnam-based adolescents and youths about HIV/AIDS, sex and sexual health, what information would you include? (tick as many as needed).
- Sex
- Love
- Relationships
- Sexual health
- Sexual orientation e.g. homosexuality, bisexuality etc
- HIV/AIDS
- Sexually transmitted infections
- Negotiating safe sex with boyfriends or girlfriends
- Discussions about pressure we feel from boyfriends/girlfriends or friends to have sex
- Alternatives to sexual intercourse
- Using drugs or alcohol and staying safe sexually
- Pregnancy
- The changes our bodies go through at puberty
- Contraception
- Periods/menstruation
- Masturbation
- Other (please specify)

If you were making a website that educated Vietnam-based adolescents and youths about HIV/AIDS, sex and sexual health, what website features would you include? (tick as many as needed).
- A Frequently Asked Questions section
- Cartoons about sex and sexual health
- Chat room where young people can discuss sexual health
- Links to other sexual health websites
- Chat room where young people can discuss sexual orientation
- Stories about young people and their sexual health
- Quizzes
- An online doctor who can answer questions in real time
- Sexual health/sex education video games
- Information about alternatives to sexual intercourse
- Information about drugs and staying safe sexually
- Competitions
- Discussions about the pressures we face to have sex
- Fact sheets/information pages
- Other (please specify)

If you were making a website that educated Vietnam-based adolescents and youths about HIV/AIDS, sex and sexual health, what would you use to illustrate the site? (tick as many as needed).
- Cartoons
- Photographs
- Educational illustrations/drawings
- Other (please specify)

If you were making a website that educated Vietnam-based adolescents and youths about HIV/AIDS, sex and sexual health, what communication style/s would you use? (tick as many as needed).
- Humorous/light-hearted
- Targeting young people
- Traditional
- Serious
- Educational
- Friendly
- Formal/instructive
- Modern
- Other (please specify)

If you would like to add any comments or additional feedback that might help with the development of a sexual health education website for Vietnam-based adolescents and youths, please write them in the space below.
6. **n.b. If respondents answered ‘no’ to the first question in this section they were skipped to the next relevant section – see #6a below.**

---

**Section E – Your use of health information on the internet.**

Have you ever used the internet to access information about health or health problems? (tick one)
- Yes
- No

What health information were you looking for on the internet? (tick as many as needed).
- Exercise
- Relationships and/or love
- Tobacco, alcohol or other drugs
- Diet
- Information about our bodies
- Information about sex
- Information about sexual orientation
- Skin problems
- Smoking
- Vision or hearing impairment
- Chronic illness e.g. cancer, arthritis, diabetes etc
- Alternative medicine
- Beauty tips
- Information about sexual health (contraception, sexually transmitted infections, pregnancy etc)
- Depression
- Stress management or emotional health
- Other (please specify) ________________

---

6a. **n.b. If respondents answered ‘no’ to the first question in this section they were thanked for their time and exited from the survey – see #8.**

---

**Section E – Your use of health information on the internet.**

Have you ever searched websites for specific information on sexual health (including HIV/AIDS), safer sex and/or contraception? (tick one)
- Yes
- No

What sexual health information were you looking for? (tick as many as needed).
- Information about our bodies
- Sexually transmitted infections e.g. pubic lice, Chlamydia, HIV/AIDS etc
- Contraception e.g. intrauterine devices, the pill, condoms
- Information about sex or foreplay
- Information about sexual orientation
- The changes that we go through at puberty
- HIV or AIDS specifically
- Information about love or relationships
- Information about masturbation
- Other (please specify) ________________
7. n.b. If respondents answered ‘no’ to the first question in this section they were thanked for their time and exited from the survey – see #8 below.

8.
Appendix 4: Melbourne-based mini focus group informed consent materials

Dear focus group participant,

You are invited to participate in a research study that will explore what young Vietnamese want to know about sexual health. This research will contribute to the development of a sexual health education website that is by, for and about young Vietnamese.

I am undertaking this research as part of a Master of Arts (Communication) degree at RMIT University. The title of my research is: “The content generation and design of an online sexual and reproductive health information resource for young Vietnamese: a communications perspective”.

WHAT YOUR PARTICIPATION WILL INVOLVE:

You are asked to attend one group interview, which will take less than two hours. In this interview we will discuss the issues and pressures that face young people in relation to sex and sexual health. Groups will be less than 10 people.

To begin, you will review and evaluate a range of sexual health education websites in both English and Vietnamese and be asked to record your impressions of the individual sites and consider their strengths and weaknesses. The websites that you will be shown will talk about sex in a direct and open manner but all approach the topic from an educational perspective.

This will be followed by a group discussion, where you will be asked to evaluate the websites and discuss what a sexual health promotion website that targeted young people living in Vietnam should ideally include. We will also talk about some of our experiences in learning about sex; what information sources we used etc.

HOW YOUR PRIVACY WILL BE RESPECTED:

The group interview will be recorded using a voice recorder but this research is anonymous – your name will not be included in any resulting publications.

Your participation is completely voluntary and you can withdraw at any time. You may choose not to answer any question(s), or decide not to follow any line of questioning. If, at the interview’s conclusion, there are specific comments that you want to be struck from the record, then this is not a problem.

The data collected will be professionally transcribed and analysed for a thesis. The results may appear in publications but will be reported in a manner that does not enable you to be identified and any resulting publications will protect your anonymity. The only personal information we will be asking you for is your age.

If you wish to receive a copy of any publications resulting from this research, or a link to the finished website that will be developed using this information, then please provide us with your email or postal address.

The data gathered will be stored securely (in a lockable filing cabinet or on a password-protected computer) and will only be accessible to the interviewer and their supervisor. All data collected during the course of the research will be stored on a confidential basis for two years from the assessment date and destroyed at the end of this time. No data will be disclosed to any other persons.

This is an opportunity to participate in the development of a sexual health education website that will help young people to learn how to better protect their sexual health and the health of others. Thank you for your support.

Yours sincerely,

Alice Clements
Researcher, RMIT University, Australia. Email: alice.clements@rmit.edu.au

This research is supervised by Dr. Linda Brennan.
Dr. Brennan can be contacted on phone: +61 (0)3 9925 9781; email: linda.brennan@rmit.edu.au.

Any complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (03) 9925 1745.
Details of the complaints procedure are available from: www.rmit.edu.au/council/hrec.

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Prescribed Consent Form For Persons Participating In Research Projects Involving Interviews, Questionnaires, Focus Groups or Disclosure of Personal Information

Name of participant: 
Project Title: Let’s talk (discretely) about sex. 
The content generation and design of an online sexual and reproductive health information resource for young Vietnamese: a communications perspective.

Name of investigator: Alice Clements 
Phone: 0431 974 896

1. I have received a statement explaining the interview/questionnaire involved in this project.
2. I consent to participate in the above project, the particulars of which - including details of the interviews or questionnaires - have been explained to me.
3. I authorise the investigator or her assistant to interview me or administer a questionnaire.
4. I give my permission to be audio taped ☐ Yes ☐ No
5. I give my permission for my name or identity to be used ☐ Yes ☐ No
6. I acknowledge that:
   (a) Having read the Plain Language Statement, I agree to the general purpose, methods and demands of the study.
   (b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied.
   (c) The project is for the purpose of research and/or teaching. It may not be of direct benefit to me.
   (d) The privacy of the information I provide will be safeguarded. However should information of a private nature need to be disclosed for moral, clinical or legal reasons, I will be given an opportunity to negotiate the terms of this disclosure.
   (e) The security of the research data is assured during and after completion of the study. The data collected during the study may be published, and a report of the project outcomes will be provided to the university library. Any information which may be used to identify me will not be used unless I have given my permission (see point 5).

Participant’s Consent

Name: 
Date: ____________

(Participant)

Name: 
Date: 2005

(Witness to signature)

Participants should be given a photocopy of this consent form after it has been signed.

Any complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (03) 9925 1745.
Appendix 5: Melbourne-based mini focus group stimulus material and questionnaire

Focus group preliminary questionnaire: Group 1 (mixed)
Date: Wednesday 30 March 5-7pm. Venue: 6.4.02 computer lab

Please fill out this quick questionnaire and hand back to Alice.

1. What year were you born? ______________________________

2. Are you male or female? (tick one)
   Female ☐
   Male ☐

3. How long have you lived in Australia? (select one option from the list)
   Less than six months ☐
   Between six months and one year ☐
   1-2 years ☐
   2-3 years ☐
   3-4 years ☐
   4-5 years ☐
   5-10 years ☐
   10-15 years ☐
   More than 15 years ☐
   All my life ☐

4. Are you currently studying? (tick one)
   Yes ☐
   No ☐

5. If you are studying, what is your current level of study?
   Not applicable ☐
   Secondary school ☐
   Post-secondary - Non-university training institution (e.g. language school) ☐
   University - Undergraduate degree (e.g. Bachelor's degree, medicine etc) ☐
   University - Postgraduate degree (e.g. Masters, PhD etc) ☐
6. On average, how many times per week do you access the internet (excluding email)?
(select one option)

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not use the internet regularly</td>
<td>☐</td>
</tr>
<tr>
<td>1-2 times a week</td>
<td>☐</td>
</tr>
<tr>
<td>3-4 times a week</td>
<td>☐</td>
</tr>
<tr>
<td>5-6 times a week</td>
<td>☐</td>
</tr>
<tr>
<td>Every day</td>
<td>☐</td>
</tr>
</tbody>
</table>

Thank you!
Dear Participant,

Please visit the following websites (in any order that you prefer) and fill in the relevant pages for each website (there are 2 pages per website):

www.likeitis.org/au

www.tamsubantre.org

www.sexualityandu.ca/eng

www.ruthinking.co.uk

www.itsyoursexlife.com

When you are looking at the websites, imagine that you are reviewing them on behalf of young people who want to know about sex and sexual health.

You are welcome to talk to other people or ask questions during this session.

When answering the questions in this form, please use the ‘other’ space if you want to add anything extra.
Website review sheet & instructions:  Page 2 of 12

Name of website: www.likeitis.org/au

1. Do you like the design (visual look) of the website? (circle one or write in ‘other’ space)
   
   YES
   NO

   Other: ________________________________________________________________

2. Is it easy to find information that you are looking for? (circle one or write in ‘other’ space)
   
   YES
   NO

   Other: ________________________________________________________________

3. Is the information on this website helpful for young people?  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   
   YES
   NO

   Other: ______________________________________________________________________

4. Is the information on this website interesting for young people?  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   
   YES
   NO

   Other: ______________________________________________________________________

5. Is the language used on this website appropriate for young people?  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   
   YES
   NO

   Other: ______________________________________________________________________

6. Is the website content (and topics covered) appropriate for young people?  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space e.g. ‘too graphic’, ‘too explicit’, ‘too conservative’ etc)
   
   YES
   NO

   Other: ______________________________________________________________________

7. Does this website seem to be designed for males or females or both males and females?  
   (circle one or write in ‘other’ space)
   
   MALES ONLY
   FEMALES ONLY
   BOTH MALES & FEMALES

   Other: ______________________________________________________________________
What do you like about the www.likeitis.org/au website?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What do you not like about the www.likeitis.org/au website?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name of website: www.tamsubantre.org

1. Do you like the design (visual look) of the website? (circle one or write in ‘other’ space)
   YES
   NO
   Other: _______________________________________________________________________

2. Is it easy to find information that you are looking for? (circle one or write in ‘other’ space)
   YES
   NO
   Other: _______________________________________________________________________

3. Is the information on this website helpful for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   YES
   NO
   Other: _______________________________________________________________________

4. Is the information on this website interesting for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   YES
   NO
   Other: _______________________________________________________________________

5. Is the language used on this website appropriate for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   YES
   NO
   Other: _______________________________________________________________________

6. Is the website content (and topics covered) appropriate for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space e.g. ‘too graphic’, ‘too explicit’, ‘too conservative’ etc)
   YES
   NO
   Other: _______________________________________________________________________

7. Does this website seem to be designed for males or females or both males and females? (circle one or write in ‘other’ space)
   MALES ONLY
   FEMALES ONLY
   BOTH MALES & FEMALES
   Other: ______________________________________________________________________
What do you like about the www.tamsubantre.org website?

________________________________________________________________________

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What do you not like about the www.tamsubantre.org website?

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________________________________________________________________________
### Name of website: www.sexualityandu.ca/eng

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<tr>
<th>Question</th>
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<th>NO</th>
<th>Other</th>
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<tr>
<td>1. Do you like the design (visual look) of the website?</td>
<td></td>
<td></td>
<td>(circle one or write in ‘other’ space)</td>
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<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>2. Is it easy to find information that you are looking for?</td>
<td></td>
<td></td>
<td>(circle one or write in ‘other’ space)</td>
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<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>3. Is the information on this website <strong>helpful</strong> for young people?</td>
<td></td>
<td></td>
<td>(circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)</td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. Is the information on this website <strong>interesting</strong> for young people?</td>
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<td></td>
<td>(circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td>5. Is the language used on this website appropriate for young people?</td>
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<td>(circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
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</tr>
<tr>
<td>6. Is the website content (and topics covered) appropriate for young people?</td>
<td></td>
<td></td>
<td>(circle one answer – if ‘no’ please briefly explain why in the ‘other’ space e.g. ‘too graphic’, ‘too explicit’, ‘too conservative’ etc)</td>
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<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>7. Does this website seem to be designed for males or females or both males and females?</td>
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<td>FEMALES ONLY</td>
<td>BOTH MALES &amp; FEMALES</td>
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<td>Other:</td>
<td></td>
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</tbody>
</table>
What do you like about the www.sexualityandu.ca/eng website?

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What do you not like about the www.sexualityandu.ca/eng website?

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Name of website: www.ruthinking.co.uk

1. Do you like the design (visual look) of the website? (circle one or write in ‘other’ space)
   - YES
   - NO
   Other: ______________________________________________________

2. Is it easy to find information that you are looking for? (circle one or write in ‘other’ space)
   - YES
   - NO
   Other: ______________________________________________________

3. Is the information on this website helpful for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   - YES
   - NO
   Other: ______________________________________________________

4. Is the information on this website interesting for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   - YES
   - NO
   Other: ______________________________________________________

5. Is the language used on this website appropriate for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)
   - YES
   - NO
   Other: ______________________________________________________

6. Is the website content (and topics covered) appropriate for young people? (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space e.g. ‘too graphic’, ‘too explicit’, ‘too conservative’ etc)
   - YES
   - NO
   Other: ______________________________________________________

7. Does this website seem to be designed for males or females or both males and females? (circle one or write in ‘other’ space)
   - MALES ONLY
   - FEMALES ONLY
   - BOTH MALES & FEMALES
   Other: ______________________________________________________
What do you like about the www.ruthinking.co.uk website?

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What do you not like about the www.ruthinking.co.uk website?

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### Website review sheet & instructions:

**Name of website:** www.itsyoursexlife.com

1. **Do you like the design (visual look) of the website?**  
   (circle one or write in ‘other’ space)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

2. **Is it easy to find information that you are looking for?**  
   (circle one or write in ‘other’ space)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

3. **Is the information on this website *helpful* for young people?**  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

4. **Is the information on this website *interesting* for young people?**  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

5. **Is the language used on this website *appropriate* for young people?**  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

6. **Is the website content (and topics covered) *appropriate* for young people?**  
   (circle one answer – if ‘no’ please briefly explain why in the ‘other’ space e.g. ‘too graphic’, ‘too explicit’, ‘too conservative’ etc)  
   YES  
   NO  
   **Other:** _______________________________________________________________________

7. **Does this website seem to be designed for males or females or both males and females?**  
   (circle one or write in ‘other’ space)  
   **MALES ONLY**  
   **FEMALES ONLY**  
   **BOTH MALES & FEMALES**  
   **Other:** _______________________________________________________________________
What do you like about the www.itsyoursexlife.com website?

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What do you not like about the www.itsyoursexlife.com website?

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________________________________________________________________________
How many websites were you able to visit? (circle one)

1  2  3  4  5

Which website did you like the best?  www. ___________________________

Thank you!

Please hand this form back to Alice – we will be having a discussion shortly.
**Appendix 6: Melbourne-based mini focus group discussion guide**

**Focus group running schedule and discussion guide**

1. **INTRODUCTION & OVERVIEW (IN COMPUTER LABS)**

   “Hello, my name is Alice and this is my co-facilitator, Tommi. Thank you for coming here to take part in this focus group. By now you should have received and read your copy of the Plain Language Statement, and signed the consent form and filled out the short questionnaire. If you have any questions about either of these you are welcome to ask me now.

   “You are here because you have agreed to participate in a group discussion and computer lab session that will explore what young Vietnamese really want from a sexual health education website.

   “To begin, you will be shown a range of sexual health education websites in both English and Vietnamese on computers and asked to record your impressions of the individual sites and consider their strengths and weaknesses. This will be followed by a group discussion, where everyone will be asked for their views and opinions on the websites and about what a sexual health promotion website that targeted young people living in Vietnam should include. This session will also ask for your ideas and opinions on the value of such a site.”

2. **SEXUAL HEALTH EDUCATION WEBSITE REVIEW.**

   [At individual computers, participants will view a range of sexual health education websites and fill out a form recording their impressions of the sites – see Appendix 5. At the conclusion, they will be asked to rank the sites in terms of preference. Forms will ask participants for their impressions of the design, layout, images, content and features of the site, as well as its functionality and success in targeting young people. Once this is complete, forms will be handed in and participants will gather for a focus group discussion].

3. **GROUP DISCUSSION/FOCUS GROUP.**

   [Format will be loosely structured, free flowing and responsive to group dynamics]

   Because we need to find out how best to educate young Vietnamese people about sex and sexual health, these group interviews will include questions and issues that are not normally discussed in a group setting. In order to make sure that everyone has a chance to contribute I will be directing some questions at some people but if you don’t want to answer that is absolutely fine, don’t be embarrassed to ask to pass on a question or just shake your head.

   Everyone has an opportunity to contribute and all opinions are welcome and respected and are equally important. There are no right or wrong answers. As noted in the PLS, these sessions will be recorded using a voice recorder but your anonymity will be protected. Your participation is completely voluntary and you can stop at any time.

   - To start, how many of you have moved to Australia especially to study?
   - How many people want to return to Vietnam when they have finished studying?
   - What were your first impressions of Australia when you came here?

**Discussion of Sex ed website concept:**

- We’ve just spent some time looking through some websites that talk about sexual health. What do you think about the idea of using a website to communicate about sexual health for young people?
  - What are some of the good things?
  - What are some of the bad things?
  - Would people use it?
  - How about website versus other channels? E.g. books/TV etc
  - Do you think boys or girls would use a website on this topic more?
Sex ed websites and emotions evoked:

We’ve just spent some time looking through some websites, which was your favourite site?

- www.likeitis.org/au  (light blue with animated cartoons etc)
- www.tamsuhanre.org  (Vietnamese)
- www.sexualityandu.ca/eng  (one with pictures of mice)
- www.ruthinking.co.uk
- www.itsyoursexlife.com

- Why did you like that one?
- What were your feelings when you looked through them? (split out by each site)
- Did any of the sites make you feel uncomfortable? E.g. too graphic? Talking about controversial subjects?
- Were there any sections that you did not go into because you felt uncomfortable or embarrassed? (if yes, which?)
- Were there any sections that you looked at only briefly because you felt uncomfortable or embarrassed (if yes, which?)
- Do you think the sites were suitable for young Vietnamese to look at? (yes/no, why/why not)
- Are there any topics that you think should not be discussed in a website like this? (if yes, what?)

Website design:

- If you were making a website for young Vietnamese that helped them to learn about sex and to learn about keeping themselves safe sexually, what:
  - Features would it include? Games?
  - Tone
  - Content
  - Illustration would you like to see?
- If you were making a website for young Vietnamese that helped them to learn about sex and to learn about keeping themselves safe sexually, what would you not include?

Perceptions of existing sex ed in Vietnam:

- How old on average, do you think Vietnamese are when they first start to be interested in sex and sexual health?
- What are some of the main ways that young Vietnamese learn about sexual health & sex now?
  - How easy or difficult is it to talk to:
    - Parents?
    - Teachers?
    - Siblings?
    - Friends?
  - How difficult or easy is it to find information?
    - Do you think the information most people learn/find is reliable?
- How would you sum up or describe the feelings that most young Vietnamese have about sex before their first sexual experience?

Pre-marital sex:

- Would you say, generally speaking, that there is much pressure for young Vietnamese to have sex before marriage?
  - If yes, who from?
- Do you think there is also pressure to not have sex before marriage?
  - If yes, who from?
- If there is pressure from both directions – why do you think this is?
  - How do you negotiate this?

Conclusion of group.
## Appendix 7: Independent samples test for Vietnam and Melbourne-based surveys

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<th></th>
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<th>t-Test for Equality of Means</th>
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